

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### THE CONVENTION AT WASHINGTON

EACH time that it is our privilege to comment upon any large gathering of nurses we find ourselves inclined to say the same thing—"This is the most splendid meeting of nurses that has ever been held." Taking into consideration the charm and beauty of the National Capital, the exquisite weather, the freshness and delicacy of the spring foliage, which in Washington is at least a month in advance of New England and the Lake country, together with the fact that this year the two great national societies met together for the first time since the Buffalo Congress, it can be truthfully said, this was the most splendid meeting that has ever been held.

The arrangements for the meetings seemed to be without a flaw, the Hotel Shoreham, the headquarters of both societies, being most conveniently situated. The Superintendents' meetings were held in the Assembly Hall of that hotel and the Federation and Alumnae meetings in the George Washington University building directly across the street, so there was no time lost in going from place to place.

Notwithstanding the great fascination of the National Capital, with its multitude of interesting places to be visited, the attendance at all the meetings was fine, delegates being in their places promptly and giving untiring attention to the long but interesting sessions.

The arrangement of the programmes was most satisfactory—a long morning session, the afternoon entirely free, and an evening session being the general order of the exercises, giving the members an opportunity to visit the different Government buildings, which close at four o'clock, or to take afternoon excursions to Mt. Vernon, Arlington, and the suburban resorts for which Washington is noted.

There were but two social events, the first being a reception at the Garfield Memorial Hospital, given by Mrs. Justice Harlan and the ladies of the Hospital Board to the convention members, the other an evening reception at the Shoreham, given by the Graduate Nurses' Association of the District of Columbia to the guests.

Both of these social functions were delightfully arranged and most thoroughly appreciated by those in attendance.

To the older women, the pioneers in organization work, of whom there were an unusual number present, there was much in the meetings that was gratifying that was not included in the programme. The excellence of the papers, showing thought and study, with an ease and grace of delivery, indicated marked intellectual growth, promising much for the future. This was especially noticeable in the younger women coming forward for the first time, particularly when called upon unexpectedly to take part in the discussions, when the value of the drill of the home alumnae became very evident. In looking back over our own experience, it seems but a very short time since we were filled with terror at the sound of our own voice in attempting even to second a motion when under an impulse we were moved to take so bold a step. The lack of self-consciousness on the part of the youngest graduate in mounting the platform and facing an audience of five hundred people is one of the most splendid demonstrations of the effect of training in parliamentary procedure in the local associations.

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### THE SUPERINTENDENTS' MEETINGS

We give in this number of the *JOURNAL* the set of papers, with one exception, with very brief extracts from the discussions, read on Monday and Tuesday, May 1 and 2, at the Superintendents' meetings.

These papers speak for themselves; the discussions as printed in the *JOURNAL* are very much condensed, but will be given more completely when published in the regular report of the proceedings of the society.

Many of the points brought out in these papers and discussions we shall take up for consideration again during the year; they contain a wealth of thought and suggestion which for the present need no comment from us.

The proposed changes in the constitution and by-laws of the Superintendents' Society with the change of name is an important business matter to which members should give their attention. The report is found in this issue of the *JOURNAL*.

With the prospect of possible endowments for educational purposes

it becomes necessary for this society to be incorporated, and the committee was given discretionary powers in the matter.

Miss Banfield, the chairman of the Course in Hospital Economics for the past four years, presented her resignation, which was accepted with regret, and Miss Annie W. Goodrich was appointed to succeed her.

It was reported that there were still a large number of copies of the reports of the Buffalo Congress unsold, and that the price had been reduced to one dollar; also that the Publication Committee had on hand a fair number of the reports of last year, which the new members may obtain from Miss Nutting.

A number of reprints of Miss Samuel's paper on "Economy in Hospital Work" were ordered and can also be obtained by sending to Miss Nutting.

Miss Annie W. Goodrich was elected president of the Superintendents' Society for the coming year, the meeting to be held in New York.

Miss Nevins was elected first vice-president, and the secretary and treasurer were reelected by acclamation from the floor.

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### UNVEILING OF THE MONUMENT TO SPANISH WAR NURSES

THE Spanish-American War Nurses were holding their meetings on the same days as the Superintendents.

On the afternoon of Tuesday the ceremonies of the unveiling of the monument to the women nurses who lost their lives in the Spanish-American War service were held at the National Cemetery at Arlington.

The time of this ceremony unfortunately clashed with the reception which had been previously announced, given by Mrs. Justice Harlan and the ladies of the Board of the Garfield Memorial Hospital, so that the attendance from the Superintendents' Society at the unveiling was not as large as it would otherwise have been.

The design of the monument is exceedingly beautiful, being a simple Maltese cross mounted on a pedestal of granite. It is situated in the new part of the cemetery and is in close proximity to the monument erected to the victims of the Maine and the monument to Admiral Sampson. We have been unable to secure a satisfactory photograph of the monument, as in the views taken during the unveiling the stone is hidden. We are promised later on a clear cut of the cross, which we hope to give in the near future.

**THE FEDERATION MEETING**

AFTER the formal opening exercises the president, Miss Nutting, gave an address in which she reviewed the work of the two organizations, and papers were read on "The Effect of State Registration upon Training-Schools," "The Affiliation of Schools for Educational Purposes," and "International Relationships."

The important business action taken at the Federation meeting was the decision that the Federation should resign its membership in the National Council of Women and should become affiliated with the International Council of Nurses.

A simple working constitution and by-laws were adopted and Miss Nutting was reelected president. Every seat in the hall was occupied.

The Federation day papers, with the proceedings of that splendid meeting, will be given space in the next number of the *JOURNAL*, edited by Miss McIsaac, and the August number will be given up, as usual, to the proceedings of the Associated Alumnae, edited by Miss Riddle and Miss Thornton.

There have been no reprints ordered and members who want extra copies of the *JOURNALS* containing these reports should send their orders directly to the Philadelphia office.

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**THE ASSOCIATED ALUMNAE**

For the first time in many years the Associated Alumnae had no constitution and by-laws to consider and was able to give the entire time to the reading and discussion of papers. At both the morning and evening sessions a series of papers were given on District and Visiting Nursing, with Miss Lilian D. Wald, of the Nurses' Settlement, New York City, acting as chairman.

These papers were intensely interesting and practical and the discussions most animated. They will, when published, present a most valuable series for future reference.

Friday, the last day, the papers covered a number of subjects, including "Club-Houses," "The Opportunity of the Nurse in Private Duty," "Army Nursing," "The Logical Outcome of the Foundation of State Societies," "Examining Boards of Nurses and Their Powers."

These subjects were ably presented, and the only regret of the whole meeting was that there was not time for a more prolonged discussion.

Miss Annie Damer, of New York, was elected president, Miss Nellie Casey, of Philadelphia, secretary.

The next meeting of the Associated Alumnae is to be held in Detroit.

## THE ELIGIBLE VOLUNTEER LIST IN THE UNITED STATES ARMY

AT both the Superintendents' meeting and the meeting of the Associated Alumnae, Mrs. Kinney, the Superintendent of the Army Nurse Corps, made a strong plea for the enrolment of a list of volunteer nurses who would stand ready to serve their country in time of need or calamity, whether it be war, epidemic, or disaster.

Mrs. Kinney urged that in time of war or calamity it was not possible to give careful investigation to applicants that such service required, referring to the fact that in our late Spanish-American War there were some few women admitted under the stress of war conditions of whom the nursing profession had reason to be ashamed.

This enrolment imposes no obligation upon the nurses, if when the call comes they are not at liberty to go, and requires only that they shall submit certain papers which the Surgeon-General requires of those who are admitted to the Army Nurse Corps, and to report in writing to his office twice a year.

Mrs. Kinney said, very truly, that after the publicity which had been given to this matter in *THE AMERICAN JOURNAL OF NURSING* and the discussions before the two great national organizations of nurses at this time, in case of any public calamity calling for an increased nursing service the nursing profession would have no right to criticise any methods that might be resorted to or any mistakes that might be made by the Surgeon-General's office.

Miss McIsaac spoke strongly and feelingly on the subject, appealing to the nurses present to take the matter home to their local associations and to see to it that such a volunteer list should be enrolled as would be a credit to the nursing profession.

A number of nurses handed their addresses to Mrs. Kinney, but she finds that a number of visiting cards so received contained only a street address, and she asks that those who have not already received the papers from the Surgeon-General's office will send her their addresses in full.

The discussion on this subject, which brought out some interesting points, will be given in detail when the alumnae report is published.

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## PROGRESS OF STATE REGISTRATION

THE Regents of the University of California held an executive meeting on May 10, at which time there was a discussion upon the obligation recently placed upon the Regents by the State Legislature in regard to the examination and conferring of a degree upon trained nurses.

An Examining Board was formed consisting of Dr. George F. Reinhardt, professor of hygiene at the university, Dr. A. E. Spalding, Miss Genevieve Cook, Miss Elizabeth Ash, and Helen Parker Criswell, D.D.S., who is also a graduate nurse.

It will be remembered that the California nurses, in order to secure registration on any terms, were obliged to place the appointment of the Board of Examiners unconditionally in the hands of the Regents of the University of California, and, taking all circumstances into consideration, the selection of the first board would seem to be exceedingly satisfactory, although we cannot help regretting that all the members should not have been nurses.

#### NEW YORK STATE.

The New York State examinations in practical nursing are to be held at the usual places on June 20. The women who are intending to take this examination need to apply immediately to the Education Department at Albany.

We want to remind New York regular graduates that the terms of the waiver expire in April, 1906, and that there is less than one year in which those so exempted can be registered without taking the full examination.

With many the failure to register has been simply a matter of procrastination, but this will be a poor excuse to offer when the privilege has been lost. The influence of the registration act in New York is being felt already, not only in the State, but all over the country, and no woman who is eligible can afford to be indifferent to a reform which nurses have created and which nurses must carry on. When we consider the bitter opposition to registration which the nurses in a number of States are having to meet, the indifference of many New York women to the privileges so liberally granted by the State Legislature is past our understanding.

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#### IMPORTANT TO CONTRIBUTORS

THE position as editor of the Official Department of this JOURNAL was one of the duties that devolved upon Miss Mary E. Thornton, secretary of the Associated Alumnae when that association instructed a committee to start this JOURNAL with an entirely voluntary staff of editors. As the work of the association and the JOURNAL has grown, the ability of the secretary to carry the increased burden developed until her duties were exceedingly arduous.

The new secretary could not be expected to do this double work, and

hereafter all communications to the Official Department are to be sent direct to the Editor-in-Chief of THE AMERICAN JOURNAL OF NURSING at Rochester, N. Y. Miss Thornton has given up her apartment in New York and is to spend the summer at "Island View Cottage," Belle-Island-on-the-Sound, Conn.

She carries with her our grateful appreciation of prolonged, patient, and untiring effort for the JOURNAL's success. She has been one of the factors that have aided in the upbuilding of the first independent magazine in America owned, edited, and managed by nurses, and personally and for the directors we make acknowledgments for her uninterrupted gratuitous service to the JOURNAL, covering a period of nearly five years.



**ADDRESS OF THE PRESIDENT****MISS GEORGIA M. NEVINS**Superintendent of Nurses, Garfield Memorial Hospital, Washington, D. C. *Society of Nurses*

AFTER expressing a most cordial welcome to the members and guests, the president spoke briefly as follows:

"I am tempted to give a very brief résumé of the society's history. In 1893, at the World's Fair in Chicago, at the suggestion of Mrs. Bedford Fenwick, of London, whom we remember so pleasantly in connection with the International Congress at Buffalo, a Nursing Section was formed, and Miss Isabel Hampton, then superintendent of nurses at the Johns Hopkins Hospital, was appointed chairman.

"For the first time in this country papers were read and discussed upon topics of interest to nurses, and there were present a number of superintendents of training-schools, most of whom were from the United States and Canada. The chair took the opportunity of suggesting the formation of an association, with the result that a meeting was held at which eighteen superintendents were present. I am glad to say that some of them are with us to-day.

"The objects and advantages of association were outlined, rules and regulations formed, and officers of the preliminary organization were chosen. The object was as follows: To further the best interests of the nursing profession by establishing and maintaining a universal standard of training and by promoting fellowship among its members, by meetings, papers, and discussion on nursing subjects, and by interchange of opinions. The results have surpassed their highest expectations.

"The importance of this step can be appreciated only by those who remember the curious spirit of jealousy and lack of friendly feeling which existed between schools in those days. There is temptation to dwell upon some of the numerous subjects which seemed clamoring for consideration in this society, all of which may be found in our annual reports, but I shall only mention a few of them, that we may better realize the results of coöperation, and be encouraged to work faithfully towards the solution of those difficulties which still beset us. A longer course of training, shorter hours of practical work for nurses, and a uniform curriculum have been momentous questions from the very beginning.

"At our last convention in Pittsburg a Committee on Education was formed, and the reports at this meeting are expected to give an excellent idea of what has been accomplished along educational lines in schools for nurses.

"Through the efforts of this society the Nurses' Associated Alumnae was formed in 1896, now representing seven thousand graduate nurses. In 1900 the two societies were affiliated, and under the title of the American Federation of Nurses were admitted to the National Council of Women of the United States. 'To provide opportunities for nurses to meet together from all parts of the world to confer on questions relating to the welfare of their patients and their profession,' the International Council of Nurses was founded in London in 1899, and since then there have been two very interesting international meetings, one at Buffalo, during the Pan-American Exposition, and the other in Berlin last year.

"At this meeting of American nurses our sisters across the seas are with us in spirit, and we in turn extend our hearty good-will to them in their efforts towards improved conditions.

"One of the most important steps taken by this society was the establishment of the Hospital Economics Course at the Teachers College, Columbia University.

"Recalling that lack of opportunity for special training in administrative work in our schools, so distinctly felt by most of us when we assumed those responsibilities, the importance of which, fortunately, we but half realized, only serves to fill us with envy of those women who are profiting by systematic work in those subjects which not only make them better teachers, but also fit them for so much of that reform and preventive work with which trained nurses are allying themselves.

"Would that a Carnegie or Rockefeller might be made to see the true value of this work, that the chair of hospital economics might be suitably endowed!

"Registration is a burning question with us, and we shall listen with much interest to the reports from those States who have been so fortunate as to have secured legislation. We are told that the effect upon the standard in schools for nurses is already pronounced, and future benefits to the public and to the nurse cannot be overestimated.

"Not least of all that has been inspired by this society is our AMERICAN JOURNAL OF NURSING, the success of which is so near to our hearts. The fact that its editor organized the Garfield School and set it firmly on its feet should cause her Washington friends especial pride in her later work.

"Among many subjects for consideration at this meeting is a revision of the constitution, and ought we not to begin with its formidable title? Apart from its inconvenient length, does it longer answer our purpose?

"Do we not want among our number women who, though not heads

of schools for pupil nurses, are governing nursing bodies, like those of the instructive visiting nursing, and of the public schools, and in the army hospitals? I sincerely hope that this wider opening of our doors may be agreed upon at this time."

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## NURSES' HOMES AND SCHOOL BUILDINGS

By MARY S. GILMOUR, R. N.

Superintendent New York City Training-School

THIS branch of the work of the Committee on Education has a very interesting history, which I am sure would be much more so if the records were more complete. However, there is enough to serve as a foundation for future reference.

On looking over some of the incorporation dates of hospitals one's feelings cannot fail to be stirred to the depths as the imagination pictures the surroundings and the equipment of 1656. Were there annual reports read then? Did women read them? What were their trials and what their needs? Who were the patients, who the nurses? What were the ambulances? How was it possible to save human lives without the marble, the glass, and the silver accessories of the operating-room of to-day? And yet there was good work done then—work that not only saved lives, but developed brain and intellect and laid a solid foundation for the magnificent, glittering structures of to-day, which seem to defy death itself by the amazing scientific skill with which disease is met and overcome within their portals.

There were sent out 450 circulars for information, which it was thought would cover all hospitals and training-schools of note in the United States and Canada; 247 were returned, with very few exceptions fully filled out. They have been grouped under three divisions:

1. Hospitals of 100 beds and over.
2. Hospitals of 50 to 100 beds.
3. Hospitals of 25 to 50 beds.

There were 117 of the first, 83 of the second, and 48 of the third. All have training-schools for nurses, numbering from 5 to 145 pupils and covering a field ranging from Maine to California and from Texas to Winnipeg, Canada.

Prior to 1870 there were only hospitals to consider; training-schools, as such, did not exist. Of the 247 records here, we find 49 hospitals were in existence at that date, running back through the cen-

turies to 1656, the founding of Bellevue, New York. The next date furnished is 1700, from Savannah, Ga.; then, thirty years later, 1732 and 1751, from Philadelphia; then 1771 records the New York Hospital of New York. The next record, 1811, marks Boston, and close upon this Montreal and Toronto, Canada.

The inward trend begins here, and Detroit comes out in the thirties, with Albany and Rochester following in the forties. A record comes from Ottawa, Canada, in 1851; St. Paul's, Minneapolis, and Chicago, in 1855; San Francisco in 1854, and St. Louis in 1859. Baltimore comes in in 1858 and Winnipeg in 1872. The remaining 32 were in the vicinity of these points mentioned. Others sprang up thick and fast all over the country, so that now every settlement of any pretension holds its hospital, and, I've no doubt, its training-school.

Between 1870 and the present time the records show 198 hospitals and 347 training-schools established. There are, of course, others, but this report is based only on the records in hand. Between 1870 and 1880 there were 8 training-schools started. Their location is interesting: New York City, 3; New Haven, 1; Hartford, 1; Boston, 1; Philadelphia, 1; Buffalo, 1. A school in Boston claims a date of 1863, while one in Philadelphia acknowledges 1828. To-day, twenty-five years later, we find an aggregate of 6,315 pupils in training, caring for hospitals containing a total of 32,196 beds (or a little over five patients to a nurse if all beds were full), with daily average of 25,753 patients, which excludes all dispensary patients, and a weekly average of 2,380 major operations.

These beds are classified as follows: 11,301 medical, 9,075 surgical, 2,601 gynecological, 1,418 obstetrical, and 2,380 children. This leaves a balance of 5,421 beds unclassified. As one weary superintendent puts it: "What I have given is not a fair classification. Owing to our dreadful epidemic of typhoid, our surgical patients are almost crowded out."

Of the total beds mentioned, 7,678 are for private patients and 30,039 free; the balance of about 2,000 are used as required for private or free patients.

How are they supported? Reports show that 33 are endowed, 52 partially endowed, 70 are government institutions, and 67 depend on donations and patients' fees; 6 of those depend to some extent on nurses' earnings,—at private duty, I presume,—to help support the school. The remaining 25 do not state source of support.

What is done for the care of these pupil nurses, who do this work? Of the schools connected with the 116 hospitals of 100 beds and over, 19 have no separate homes for the nurses. Several pathetically state, "We have no home," and that means a great deal. The remaining 98 have homes of various kinds. In the large cities most have a wing, attached

to the hospital, with the food cooked and served from a general kitchen in the hospital. All have lecture and class-rooms, the largest number being 4; all have parlors or reception-rooms; 6 have gymnasiums, 3 physical culture in lecture-rooms. Balconies and roof-gardens are mentioned in the crowded cities while piazzas and lawns are the accompaniment of homes on the outskirts.

Of the 83 schools connected with hospitals of 50 to 100 beds 24 have no homes, but 6 are building or have plans drawn. The remaining 59 are in the majority of cases private houses rented and remodelled for the nurses. Some of the others are almost models in their equipment. One in Boulder, Col., has its gymnasium, reception-room, class-rooms, kitchen, and dining-room. One in Cleveland has a physical culture class in the lecture-room, and another superintendent mentions her tennis court for exercise.

Of the 48 schools connected with hospitals of 25 to 50 beds, 29 have no homes, the remaining 19 have homes either rented or recently built for them; 4 of those without homes are having them built; 3 of these schools have gymnasiums in their hospitals, to which they have access. One superintendent in Jamestown, N. Y., "compels her nurses to spend three-quarters of an hour in the open air each day." Since this rule has been enforced there is practically no sickness.

All superintendents realize the necessity of single sleeping-rooms for nurses, and the majority have single rooms, but there are a great many double rooms, and several from the West seem to emphasize the fact that the double rooms have single beds, and several are obscure in their statements, so that one wonders if the night nurses occupy the day nurses' beds.

Of the kitchens and dining-rooms only 27 of the 247 have home kitchens. In asking which was considered preferable, the home or the general kitchen service, opinions varied. The majority, 88, were in favor of the home; 79 expressed no opinion, and 29 others, having tried only the general kitchen, could not express an opinion; 51 were in favor of the general kitchen. The majority of the small hospital superintendents were in favor of the general kitchen on the ground of economy. One training-school of 10 had the food cooked by the students in their own diet kitchen at their home.

The health of the nurses averages up very good indeed, the chief troubles being tonsillitis, colds, and influenza. One superintendent blames the fact that her nurses go through the open air to the hospital from the home as a cause of colds, etc. Perhaps the young ladies forget wraps, storm-coats, rubbers, etc., and this may be the cause of the trouble instead of the fresh air.

All sick nurses are cared for gratuitously, either in small infirmaries attached to the homes or in private rooms in the hospitals to which they belong. All lost time must be made up, except in a few cases where illness is due to contagious diseases contracted in the hospital the time is allowed.

One other question regarding separate quarters for night nurses has been answered, with very few exceptions, negatively. Night nurses occupy their own rooms with a card stating their service on the door, so as to insure quiet and no admittance during sleeping-hours.

The answers to questions regarding recent improvements give very meagre information, and no special descriptive literature was sent with the circular. The new homes recently built are merely mentioned as being built and containing certain rooms, etc. Four of these homes deserve special mention: the "Vose" Home, of the Boston City Training-School; the "Margaret Fahnestock" Home, of the Post-Graduate Training-School, New York; the "Florence Nightingale" Home, of the Presbyterian Hospital, New York, and the "New York City" Home, of the Department of Public Charities of New York City. These are all separate from their hospitals and are made as far as possible homes in the best sense of the word.

This ends the information gleaned from the records, but there is quite enough to form a valuable foundation for future reference and to throw considerable light on our problems of to-day. Many wise people have said, "Show us your home, and we will prophesy the future of its inmates," and they are more often correct than otherwise. May not this be said of our nurses and their homes? One of the first questions asked by an architect in building a house is, "What is the character of the inmates?" And nurses are always marked *High Grade*.

Look at these nurses as a class. They are nearly all home girls just at their majority. They have been educated to look upon marriage and home as woman's highest vocation, and they take up the profession of nursing either to fit themselves to be better wives and mothers or to support themselves in what is essentially a womanly profession and ranks next to the wife and mother in caring for the helpless and suffering members of our race. They come to us bringing at our command unquestionable credentials as to their fitness. We aim at the highest character, perfect health, and the best of education, and we select applicants as near the standard as possible, and so they enter their training. It is an understood fact that we expect these young women to finish their training developed and strengthened mentally, morally, and physically. A great responsibility rests, therefore, on those who accept these pupils, much greater now that the course is lengthened to three years, and in

order to obtain the best results in the nursing of our patients the pupils must have sufficient care to enable them to do this work without undue strain.

Every training-school should have a home for its pupils outside of the hospital, away from the nervous strain caused by the sights and sounds of the hospital. Each nurse should have a single room (no matter if it is a little crowded) with fresh air and sunlight and simple furnishings, a place where she can dress without going into the halls for her clothing, where she can shut herself up to study when she wishes, and where she can retire for the good, old-fashioned cry that every strained nerve needs, and which we are often ashamed to own we ever need. That single room does more to stiffen the moral backbone than all the precepts of the three-years' course.

Separate night nurses' quarters in a nurses' home are not always necessary. Generally familiar sounds are not so disturbing as a strange bed and new surroundings, and if day nurses are on duty during the day there ought to be very little noise in the home. A nurse in private practice must accustom herself to home sounds and she should begin it in her course of training.

The home should have sufficient bathing facilities—a bath for every eight inmates is not too many, six would be a better number.

The dining-room should be sunny and fresh, and the nurses should have ample time for meals; one hour at midday, giving time for a short walk in the fresh air, laying aside the ward apron and cap, proper brushing of hair and cleansing of hands, gives an opportunity to prepare to assimilate food instead of laying the foundation for future dyspepsia. The home should have its own supplies, kitchen, and dining-room.

The lecture- and class-rooms should be well ventilated and bright and have a business-like air, which compels attention and work. A class-room comes to my mind, a corner of a drawing-room, which was very cosy and homelike, and the pupils were correspondingly frivolous and inattentive.

Every school should have a library for reference and for general reading, with the newest fiction predominating. A nurse does so much hard study and sees so much of the hard facts of life that the lighter reading is a mental relief to her, and it also keeps her in touch with the current literature of the day, which her patients generally read. There should be a parlor in every home; and if the parlor, library, and lecture-rooms could be arranged so as to be thrown together for nurses' gatherings, such as commencements, musicales, or dances, so much the better. The nurses should be allowed to receive their male friends in the parlor. I remember a gentleman being obliged to wait for a nurse, his cousin,

on a windy corner in early winter. She was delayed half an hour and he was afraid to leave the corner for fear of missing her. I did not hear if he contracted pneumonia from exposure. It was providential if he didn't. What right have we to force superior young women into meetings on the street corners?

There should be ample facilities for exercise of the kind that sends the blood coursing through the veins and renovates the whole system. A gymnasium with a swimming-pool attached is ideal; apart from this calisthenics, physical culture, and tennis courts are all helpful. In many cases nurses have come off duty, tired and sore-footed, who could not resist the spirited strains of our recent waltzes and two-steps, and an hour's dancing works wonders. It should be encouraged and a piano should be in every home.

The pupils must have fresh air and sunshine, and this, it seems, is the hardest problem to face. Walking is good exercise, but after a nurse has walked all night she has little energy left for an hour's stroll on the hard pavements of a city street, and, besides, when three years are spent in one place, the walks grow rather monotonous if there is no special object in taking them except exercise. There should be a Recreation Committee in connection with every school, which would furnish carriages, boats, or horses, so that footsore nurses might be able to drive or sail when fresh air is needed if they cannot get it otherwise; also, this committee could occasionally furnish complimentary tickets to a class for some amusement which would be enjoyed all the more because unexpected and because of the personal element in it. If a committee does not care to be responsible for so much work, an amusement fund should be created and the spending of it left to the discretion of the superintendent. She knows what her charges need, and should be willing to take a little trouble in meeting these needs. Where there are no lawns surrounding the home there should be piazzas or balconies, or, if these are not feasible, a roof garden.

Nurses when off duty should have as bright and cheerful an atmosphere as possible to live in, and it should not be too difficult a thing to find. Nurses should not only be allowed to attend some place of amusement at least monthly, but they should be encouraged to arrange entertainments in their own home. It does much to hold them to conventional lines.

This condition may be considered ideal, but it is attainable, and results would more than pay for the time and energy expended. In striving for our ideals, we may be accused of hitching our wagon to a star; still, it is well to aim high, and if we don't attain the star, at least we can be reasonably sure our wheels will not become clogged by the mud of the gutter.

There is a tendency to require pupil nurses to pay for their education. Many pupils "work their way" through our colleges. Do not our nurses do so? If we arrive at the goal where pupils are required to pay, let us see to it that the education is made one worth paying for from every point of view.

DISCUSSION ON THE SUBJECT OF NURSES' HOMES AND SCHOOL BUILDINGS  
BY MISS DROWN, OF THE BOSTON CITY HOSPITAL.

The construction of homes and schools for nurses should be based on the requirements of mental and physical hygiene for the pupils of the school. These requirements may be classed under two limitations—namely, the essential and the accessory.

The essential includes an abiding-place on the one hand and a refectory on the other. The nurse's room should be a unit for herself—small, it may be, but a place where she can rest and think. A single room also fixes the responsibility upon the occupant in regard to the neatness, order, ventilation, and general care. The construction of the room will depend on the size of the building and the space that can be allowed for each pupil. A closet rather than a wardrobe is to be preferred, and if this can be so located that the doors of the room and the closet can be brought together at an angle, they will serve as a screen at night and aid in ventilation, it being understood that the halls and stairways are always supplied with fresh air. The transom over the door is a necessity, an additional one over the window being an advantage. It is not always possible to have each room connected with a ventilating shaft. The room should be supplied with an arrangement for heating in cold weather. It is poor policy to have cold rooms for nurses when off duty. The lighting apparatus should be sufficient, and there should be some central station where the light can be turned off and on simultaneously in all the rooms at stated hours.

The bathrooms should be carefully planned, allowing ample opportunity for each pupil, and the lavatories and closets should be provided for. The furniture of the nurse's room should consist of an iron bedstead with woven-wire mattress wide enough for comfort, a bureau with mirror, small table, commode, clothes-tree, rocking-chair, ordinary chair, desk and bookcase combined, and a screen. The mattress and pillows should be as comfortable as they can be made, the linen and blankets marked with the number of the room. As a rule, nurses are expected to furnish their own covers for bureau, stand, and commode, but it would add to the uniformity and in some instances to the good taste of the room to have suitable linen covers provided for the room, as well as the rugs on the floor.

The refectory or dining-room should be spacious enough for all de-

mands and as light, sunny, and attractive as possible. When possible, it is better for the health of the pupils to have the dining-room in connection with the home, apart from the hospital. The opportunity of getting out into the pure air is an incentive to appetite, and the letter-rack and bulletin-board are inducements that tend to remove the cast-iron effect of institutional regulations in regard to meal hours. A dining-room for nurses apart from a large institution has the decided advantage of having a greater variety of food and many pleasant surprises in having home-like dishes prepared that cannot be provided for the whole hospital family. This arrangement includes a separate kitchen with the necessary attachments of refrigerator and storeroom.

The accessory requirements are difficult to enumerate. The nurses should have a place to receive their callers when they are off duty, and the reception-room can be of sufficient size to use for social functions and club meetings, or it can be enlarged to meet the need by communicating with the library or music-room by means of sliding-doors. An additional room fitted up with all necessary appliances for class instruction and lectures is very desirable. The experience of more than one school has been that sitting-rooms on all the floors of the home are used sparingly. As the preliminary course comes into vogue more and more, these rooms can be utilized for study- and class-rooms. The addition of one or more balconies to the building for the purpose of encouraging the pupils to get out into the open air is a marked factor in preserving the health of the nurses. A gymnasium has been considered a valuable adjunct in the same direction. The hospitals requiring such treatment for patients are provided with the proper facilities and the nurses receive their physical training in the department already prepared. The lower floor of a nurses' home may afford space for a trunk-room, a tea-kitchen for the preparation of light refreshments, a laundry with a set tub and gas or electric stove for irons, a sewing-room with a machine, a clothes-room for laundry bags, and a parcel-room for the reception of the purchases dear to a woman's heart. An elevator is most desirable if the building is of sufficient size to demand much *stair-climbing*.

Having considered the modern nurses' home, the mind naturally reverts to the accommodations provided for the pioneers in the work of nursing. We do not need to be told that they were inured to the stern reality included within the four walls of a hospital. The question will arise in the minds of all interested in the education of nurses if there is not danger in the pendulum swinging too far in the direction of personal ease, comfort, and almost luxurious surroundings for women who are later to take part in the battle involving the suffering and the calamity of the world.

## ECONOMY IN HOSPITAL WORK

By MARY A. SAMUEL

Graduate New York Hospital, Superintendent of the Training-School of Roosevelt Hospital, New York

IN view of the fact that there exists at the present time in many of our hospitals the urgent need of a larger income with which to meet the constantly increasing cost of their maintenance, the question of economy becomes an all-important one—economy in its highest sense, what it means and how it may be observed most advantageously in hospital work.

Ruskin says, "Economy no more means *saving* than it means *spending* money; it means the administration of a house; its stewardship, spending or saving, whether money or time or anything else, to the best possible advantage." Let us add, it is also the result of education and intelligence.

In the exercise of economy two important facts may be taken into consideration: first, the tendency to extravagance, seen everywhere and among all classes, and ever characteristic of city life. In the subject particularly in question, this extravagance is most apparent in the profuse expenditure of money on costly construction, elaborate interiors, with lavish and expensive equipment. Little thought, it would seem, is given to ways and means of maintaining these institutions and for future provision to carry on their constantly increasing work.

The second consideration is, the prevention of waste, as a duty.

This tendency to extravagance when pertaining to hospital work, how easily the habit may be formed, how unconsciously one may drift into unnecessary use of supplies of every description and in every department, and how surprised when statistics, carefully kept, show the decrease that may be brought about through investigation and supervision; and this without any change in the activity of the service or less care and comfort for the patients.

There are so many channels for waste, so many sources of leaks, so many ignorant of the cost of equipment and of supplies, and, not infrequently, we regret to say, so many indifferent to the wise observance of a true economic spirit, that, not unnaturally, the questions of economy and efficiency will fail to go hand-in-hand.

For obvious reasons it is very difficult to make comparisons; as yet there exists no uniform method of keeping hospital accounts or of compiling annual statistics. We find one institution itemizing in its

report on annual expenditure even to pins and needles; while another includes these and a score of other necessities under the heading "dry goods," and giving the total cost in thousands of dollars. In a well-known hospital, whose expenditure recently underwent thorough investigation and reorganization, it was found that in safety-pins alone two hundred dollars had been saved in one year. This result was, however, not altogether a matter for congratulation when it became known that another institution of about the same capacity and doing similar work had never spent this amount for the articles in question.

Economy, however, as practised in one institution might be considered parsimony in another, and nowhere, perhaps, is the virtue more difficult to inculcate than in a hospital ward, where exists such a constant demand for so much that goes towards making or marring the comfort and well-being of the patient, the pleasure of the work and the need for criticism, be it favorable or otherwise, on the part of those in authority.

Three general divisions can be made in considering hospital economy—viz., the purchase, distribution, and use of equipment and supplies. The first responsibility is generally—and, we will say, rightly—placed with the superintendent of the hospital, who will either purchase directly, or, in large institutions, authorize competent heads of departments to select material or equipment as may seem to their experienced judgment to best meet the requirements. Some corporations delegate the duty to a comptroller, purchasing agent, or steward, and in smaller institutions there may be a Purchasing Committee. As it has so often been proved that the best is the cheapest (ultimately), the importance of much experience and foresight, with a knowledge of quantities as well as quality, or of the particular use of the article specified, goes without saying. Full information should always be had, if possible, as to market conditions, and there must always be borne in mind the two-fold duty of keeping down current expenses while doing good work in supplying legitimate needs.

While provision must always be made for emergencies, it is sometimes a wise policy that necessitates, occasionally, a cutting down in quantities issued, thereby compelling more careful handling of the same until the stock be renewed.

We find various systems in regard to the distributing and issuing of supplies and responsibility divided much more in some institutions than in others. The steward's store-room in one large hospital is not unlike a country store, minus, perhaps, the soothing syrup or the pain-killer, but supplying all other needs of a large institution. Generally, the store-room issues all household supplies, utensils, dishes, while the linen-room is the headquarters for bedding, blankets, towels, gowns, etc., as

well as the making of special garments for household, ward, or operating-room use. Sometimes we find rubber goods, such as sheeting, hot-water bags, ice-caps, given out and accounted for by the head of this same department, and, again, such articles are considered as medical or surgical supplies, and, together with gauze and cotton, issued by the drug department.

It matters little, however, in what part of the building or under whose special control these various supplies are held; the main object should be a systematic issuing of and an accurate accounting for the same, these accounts being kept so correctly that monthly or yearly comparisons may be made and an intimate knowledge thus obtained of their wise and careful distribution.

Many hospitals have a system of exchange, whereby household articles, linen, rubber goods, etc., are, when worn out or unfit for use, repaired or replaced by new, thus keeping up the stock and at the same time accounting for previous issues. This system seems a very satisfactory one; it should, however, be *strictly* adhered to, and not known better in the breach than in the observance.

Breakages are sometimes provided for, at least in the nursing department, by a deposit of money, made on entrance, to cover loss or damage incurred in this manner, and it would seem a very practical way of handling the question of "carelessness" and at the same time impressing on the pupils a fact, of which they so frequently appear wofully ignorant—viz., that hospital property costs money.

And this brings us to what may be, possibly, one of the most important points in the question under consideration, because offering the most frequent opportunities for the observance of economy, as well as indifference to waste—viz., the utilisation of hospital material in the broadest meaning of the term, from the daily or weekly consumption of coal or potatoes to the annual supply of matches.

One of the most common channels for waste and opportunities for economy is in the matter of food. The frequent ignorance displayed in its providing and preparation is astonishing. To quote from the *National Hospital Record*: "The first place in which all the best scientific knowledge of food as a remedial agent should be applied is in the hospital kitchen. However fully he may be sustained for a time by the products of the chemist, it is of the utmost importance to the final recovery of the patient that he desire and receive natural food, properly prepared and in sufficient quantity to regain his strength. The neglect of the heart of the whole hospital, the kitchen, is hard to understand, until we realize that this same neglect permeates the community in

regard to individual homes, and that the medical schools treat of food only in relation to disease, and not in relation to healthful living."

Too great importance cannot be attached to an intelligent knowledge of the comparative values of foods, the selection in sickness of the most nutritious, while most easily digested, and, at all times, of the best-known methods in their preparation. Food cooked and served in large quantities, with no discrimination as to character and amount, with little or no desire that it should be palatable, nourishing, and of sufficient variety, is most undoubtedly one great source of waste in our hospitals. It is not always necessary to spend more money for, but to devote more intelligent thought to, this very important department.

The recent introduction in several institutions of women specially trained in dietetics and household economics, and who control and supervise the catering and cooking for the entire household, has already proved most successful. In one large hospital, I am told, the saving in cost of food and other supplies, and the benefits derived generally by the addition to the staff of a graduate in domestic science, has much more than covered the additional outlay in salary. In one of our largest and most progressive schools for nurses the decrease in the cost of food per capita has been five per cent. since the culinary department has been placed under the supervision of skilled teachers and included as a branch of preliminary training for nurses. Very gratifying results have also been shown in the high standard of health among the pupils.

In the serving of food much can be done to prevent unnecessary waste, and here must come the results of preparatory instruction in training-schools. Who should know better the requirements and tastes of the patient than the nurse? Diet is, and always will be, an important part of her duty in private work, and where should the great importance of its proper selection, preparation, and serving be impressed upon her, if not when in training? And yet how difficult it so often is to practise what we preach—to carry out in the daily work of the ward what has been theoretically expounded in the class-room. Many of us must have seen, at some time or other, the least experienced assistant, with, perhaps, a convalescent to help, hurrying through the serving of dinner, that eighteen or twenty trays may be carried in and out in as many minutes. Little or no attention is given to the returned trays, and no note made of untasted food, which the ward maid daily empties into the garbage-pail.

What remedy can be suggested in this matter of waste of food? Better selection and preparation, with some variety; closer supervision in serving, with more time in which to do it, and, lastly, intelligent interest in and knowledge of the patients' needs, while recognizing in

this wilful waste of food a direct abuse of a public charity, as well as an inexcusable ignorance of the wise economic spirit.

How far economy should be practised in the use of linen is always a doubtful question. Even when not absolutely necessary, the frequent changing of sheets and pillow-cases will add greatly to the comfort of a bed patient. There is, however, so much room here for the exercise of common-sense and good judgment, that it would seem better teaching to develop these qualities than to establish rules for daily changes or allowances.

Occasionally one hears of private patients criticising what appears to them needless extravagance in this respect, such as the entire change of bed linen every day of a patient who had undergone a very minor operation and was able to be out of bed, or, in another instance, where even more recklessness was shown, not only in an entire change after the morning bath, but again, incredible as it may appear, when the patient sat out of bed during the afternoon.

Then, again, we find in the misappropriation of articles for other than their legitimate use another source of waste. Dish-towels and tray-napkins found in the garbage-pail testify to their misuse as dusters or floor-cloths, while a systematic inspection of the refuse-cans occasionally reveals great carelessness on someone's part in the discovery there of instruments, spoons, or dishes, and even rubber gloves and towels.

Where gas is used for lighting and heating only continual daily or hourly supervision can control its unnecessary use.

The system of a daily exchange in laundry or linen-room of *soiled* for *clean* dressing-towels, pantry-towels, rollers, and dinner-napkins promotes economy to some extent, as it necessitates closer supervision in the laundry of smaller articles which so mysteriously disappear. In fact, the laundry in some institutions would seem to represent a hidden monster with an insatiable appetite for binders, caps, towels, and even larger articles of every-day requirement, so often do we find the blame placed there for constant reduction in the ward stock of linen.

The washing of new blankets, while not impossible in a hospital laundry, so often proves the reverse of a success that it would seem "penny wise and pound foolish" to expect the best results where the time and intelligence necessary to the proper performance of this task cannot always be given.

When new blankets are returned, shrunken to almost half their size, hard, rough, unpliable, and scarcely fit for further use, the small amount charged by the cleaner, who sends them back practically as good as new, seems, in the end, an outlay giving the best economical results.

An increased expenditure in the drug department has developed with

the more extensive use of expensive proprietary preparations, and a close watch must be kept over prescriptions and requisitions in order that this tendency be kept under control. Much can be saved when supervision is given by someone authorized to refuse the dispensing of costly drugs unless under legitimate conditions.

Many preparations in common use can be made in the drug laboratory at much less cost than they can be bought for; take, for example, a preparation similar to listerine for use as a mouth-wash; this can be made for about eight cents a pint, while the cost of listerine is something like sixty-seven cents. Cleaning and polishing preparations can also be made at a great reduction. The consumption of alcohol, generally speaking, is enormous, and in spite of the fact that used under certain conditions it is tax free, it nevertheless forms an expensive item in hospital outlay. At a public meeting held recently in New York City to consider the present financial crisis in many of the hospitals, it was stated, as the result of investigation and comparison, that in the wards of one of the largest city institutions the quantity of alcohol used varied greatly under different attending physicians.

That equally good results can be obtained with a twenty-five per cent. as with a ninety-five per cent. in the care of patients' backs, and with even less in the sponge-bath as an antipyretic, has been our personal experience. This would indicate a point in economy justly advocated.

In the matter of surgical supplies, all must agree that the possibilities for extravagance are very great and continually on the increase.

A superintendent of large experience recently remarked that "the surgeons are running away with our hospitals;" and, judging from the yearly increasing number of operations, the shorter average number of days' stay in hospital, and the continually increasing demand for supplies in wards and operating-rooms, such might be the case. Much, however, depends on the habits of the individual surgeon, be he a member of the visiting or house staff. Many details could be enumerated, seemingly unimportant, yet collectively illustrating ways of economy or the reverse, well worth consideration. Take, as an instance, the preparation of an operating-room; the number of towels requisite, the gowns, caps, and gloves, the solutions, instruments, ligatures, etc., and the time necessary to observe careful technic. This may all be for one minor operation lasting fifteen or twenty minutes, and not infrequently for *none at all*.

Here economy might often be promoted by deferring other than emergency operations until several could be performed consecutively.

Gallons of salt solution are often used where quarts would answer. Binders, and even sleeves, are cut quite unnecessarily by impatient house doctors, and not infrequently, after cutting off the small portion re-

quired, quite large strips of plain or medicated gauze packing will be discarded and thrown away with soiled dressings.

Details, unimportant, perhaps, but costing time and trouble in their preparation.

It has been demonstrated in private duty, and hospitals as well, that the very best work can be accomplished with few assistants and a small outfit. In one hospital recently excellent results were obtained in two major operations where something less than thirty-six towels were used, while in another one hundred and forty were required to do the same work. The use of rubber gloves for everything under the sun is now, apparently, quite an established custom. In the larger hospitals eighty to ninety pair is not an unusual number for an operating-room stock, while in a surgical ward ten and twelve pair will be used for daily dressings. The repair of these now indispensable articles of operating-room and ward equipment is part of the daily routine and takes much time. Goodyear's rubber cement is used and many and various patches applied.

Adhesive plaster is another commodity requiring close watching, to avoid not only extravagance, but many illegal uses. The most inexcusable misappropriation of this article that ever came to my notice was in seeing the doors of a ward that had been prepared for fumigation closed from floor to ceiling with broad strips of adhesive plaster!

The daily issuing, by requisition, of sterilized gauze and cotton from a general supply-room, with a limit as to amount, does keep a check on extravagance and lessens the chances of waste. Laparotomy dressings, sterilized for final preparations, and which can be used repeatedly; abdominal pads, rinsed, soaked in Lobarraque's sol., and boiled, serve their purpose several times; and many yards of gauze can be saved by washing what has been used in the preparation for operations.

One might go on indefinitely in this matter of the use and misuse of hospital material, and many times ask the question, How and where may economy be practised? When should we save, and when best spend? Someone has said that economy is not a natural instinct, but the growth of experience, example, and forethought. If such be the case, much has been left undone in the training of those most directly concerned in hospital work. A knowledge of the underlying principles of true economy is often conspicuously absent, and a sense of responsibility and feeling of proprietorship the exception rather than the rule.

How best may we impart this knowledge, how best inculcate the right spirit? Not by constantly nagging or withholding or refusing necessities as though the request were a personal one and the person

making it guilty of unheard-of extravagance or grave misdemeanor, but by better preparation for the duties and responsibilities of hospital work. And this instruction should be begun the day the pupil enters, given under close supervision and by experienced teachers.

And as we know that in spite of all our efforts there will be people who are careless or extravagant, wasteful or indifferent, once again must eternal vigilance be emphasized as the keynote to a wise and legitimate economy.

ABSTRACT OF DISCUSSION.

This discussion was opened by Mrs. Robb, who said in part: "We all know that the making of a gentleman begins with his grandfather, so the making of a nurse begins with her grandmother; it is not when a woman has attained years of discretion and is prepared to enter a training-school that she should begin to take lessons in economy in household affairs, but when she is a little girl with a careful mother to teach such economy day by day. When we come across such a woman with such a home training, it does not take one month or six months in the hospital to recognize that fact; she shows it immediately in the quality of the work which she gives. One of the defects of our modern world is the lack of such careful home training.

"I have come to the conclusion that we cannot get the best results with our nurses until the mothers who have daughters are aroused to the necessity of giving them more careful and conscientious home training before they have reached young womanhood.

"Not long ago there was an epidemic of typhoid fever in one of our large cities, and the cause was traced to the ice-boxes in the homes of that city. When women do not appreciate their responsibilities and duties in their own small private homes, how are they to be expected to do so when they come into a large institution, where they have not that personal interest for being careful; and how are we, in three short years, to make nurses of them, and to make good, economical housekeepers at the same time?

"I will speak of the linen, although it is only one of many points in Miss Samuel's paper, especially of the number of towels necessary to use for one operation, giving an example from my own experience in what was done during an entire summer in one of the large hospitals in New York many years ago by Dr. Lennig, one of the leading surgeons at that time. When he took the service he outlined what he would require. We had one small room which combined the nurses' room, the linen-closet, the medicine-closet, the ice-box, and the operating-room. He said he must have linen towels for his operations; these the hos-

pital refused to supply. I succeeded, however, in getting three roller-towels, cutting them into three each, which made nine, and the patients hemmed them. Under his instructions they were soaked all night and placed in a solution of bichloride in the morning. He operated six afternoons in the week; he had amputations and all sorts and conditions of operations, and we had only those nine linen towels for the work of the whole summer, washing them out every night, putting them to soak in bichloride, and during the whole summer I did not see one drop of pus.

"If one of the best surgeons in New York could do such work with nine towels, I think thirty-six, suggested by someone as reasonable for an operation, is a very large number."

Miss Maxwell stated that a certain doctor had said to her once that "twelve towels were more than should be used at an operation," and Mrs. Robb said that one hundred and eighty was not an unusual number to be prepared.

Miss Walker said: "A little while ago I was present when some criticism was made in regard to the character of a nurse, and the reply was that in 'three years we can teach nursing, but we cannot make over character; the previous twenty-one, twenty-two, or twenty-three years must count for something.' Our mothers taught us what might be called common honesty; there is, perhaps, no worker in a hospital who could not be confidently trusted with untold wealth and be true to the trust, but our mothers, perhaps, have not foreseen that we might be entrusted with spending money that was given for charity and which, I think, requires uncommon honesty. Is there any worker in a hospital who has not at some time been guilty of some slight abuse of the trust imposed in her? After all, hospital economy is but another word for honesty: the nurse upon first entering a training-school must have this because in entering the wards she sees all around her unlimited supplies for the use of the patients, and if in the ethical talks that are given her this question is not emphasized, she very likely falls into the habit of using too freely what she ought to use with the greatest discretion.

"In my experience there are two classes of workers: those who are strictly conscientious in handling other people's property, and those who have been trained to careful economy in managing their own affairs, but who are not equally careful in their use of hospital materials which have been bought with money provided for the use of the sick. I consider that this matter of hospital economy is a question of ethics."

Miss Giles said it had been her experience that the education in hospital economy should begin with the physician as well as the nurse, saying that she had much trouble with physicians in regard to extrava-

gance, and while the nurses had such examples before them it was exceedingly difficult to make them careful.

Miss Nevins thought that, while Miss Giles was right in the main, there were notable exceptions.

Miss Maxwell thought the lack of economy in food and supplies was due mainly to the members of the house staff—the young men who really give the orders, but in most instances know nothing of the cost of the materials.

Miss Davis thought that both the hospital managers and the nurses were powerless when the members of the medical staff insisted upon a policy of extravagance. While there were notable instances here and there of nurses being at fault, it did not rest with the nurses whether the hospital was run extravagantly or not.

It was the consensus of opinion of a number of speakers that while nurses were undoubtedly wasteful in small ways the fault was largely one of extravagance in construction of buildings without due regard to convenience of administration, undue outlay in costly equipment, unreasonable demands for service, extravagance in the use of supplies of all kinds, all of these conditions being the result of the requirements of the medical staff.

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[We regret that Miss Alline's paper, "Training-School Libraries, Scholarships, Loan Funds, and Tuition Fees," is not ready for publication, but it will appear in a later number.—Ed.]

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## THE INTRODUCTION OF SALARIED INSTRUCTION IN THE TRAINING-SCHOOLS

By ANNIE W. GOODRICH

Superintendent of the Training-School, New York Hospital

PHENOMENAL numerical increase would be a brief but comprehensive summary of the statistics concerning the schools of nursing issued by the Board of Education during the last twenty years. In 1882, 16 schools; in 1892, 45; in 1902 (the last report published), 545 (this includes 50 schools of nursing connected with insane hospitals), the total number of other schools being 472, and an increase over the preceding year of 100.

Convincing as these statistics are of the need of the public for such schools, it is due not only to the public but to ourselves, in whose hands these schools have been placed, to give statistical evidence of a greater progress than mere growth in numbers represents. The compilation of

such evidence was, we believe, the purpose of the schedules recently issued by the Committee on Education and with which we are all undoubtedly familiar.

Valuable as each one of these schedules is, we question whether any could be of greater importance than the one which treats of the administrative and teaching staff, for we cannot fail to recognize that only when we have placed our hands on these records have we reached the heart of the matter. Not less inaccurate than is usual with statistics, and full of omissions as these papers are, they have, nevertheless, left on our minds a very clear conception of past progress, of existing conditions, and of results to be desired. As I fear the questions on this particular schedule (No. V.) may have slipped your memory, may I beg briefly to enumerate them? They are as follows:

Title of chief administrative officer.

Staff of assistants in administration and instruction, and salaries.

Order of the introduction of paid instruction.

Especial preparation of instructors for their work.

Concerning gratuitous and non-gratuitous lectures, etc.

When we note that the title of "superintendent," or in some cases "principal," of the school has almost altogether superseded that of "directress" in the larger institutions, and in the smaller schools the superintendent of the school is also superintendent of the hospital, and that in two-thirds of these institutions the head of the school is responsible to a committee of the Governing Board or to the board directly, we cannot but feel it to be an indication of an increasing desire on the part of these boards to give their administrative officer the freedom and power of authority, and the support and interest that can only be awakened by a personal knowledge concerning the work. But the value of these items is slight compared to those which directly concern the instruction of the pupils, and which, accurate or inaccurate, are of too much importance to be altogether omitted.

Twenty hospitals having over one hundred beds report no assistants (for the sake of brevity we include under this term head nurses and resident instructors who are nurses), eighteen report one, and eighteen two. The largest number of assistants reported is twenty, one hospital only having that number. Of eighty-two hospitals having from fifty to one hundred beds thirty-four report no assistants and twenty-four one, the largest number being five, three hospitals reporting that number. Of forty-seven schools connected with hospitals having from twenty-five to fifty beds twenty report no assistants; nine, one; two, three, this latter being the highest number. Fifty-seven schools of the

first group report instructors in dietetics, all but four being salaried; and forty-one instructors in massage, all but five being salaried.

In seven schools the general instructors and lecturers are salaried. In schools of the second group, twenty-nine salaried instructors in dietetics, four non-salaried; three general instructors and lecturers salaried. In the last group, nine salaried instructors in dietetics, three in massage, and one in anatomy. In all but seven schools of the two hundred and forty-four the lectures are gratuitous.

Conversant as we are with the conditions and requirements of the modern hospital and school, the picture that confronts us is a very vivid and impressive one. In the small hospitals, with probably no resident staff, in some cases with one assistant, and more frequently none, every detail of arrangement, from the engaging of the servants to the admission of patients, and even the day and night responsibility of the very ill cases; in the larger institutions, with a corps of assistants not proportionately large, the arranging of classes and hours of recreation, the planning for the experience which is each pupil's due in a manner conducive to the smooth running of all departments, the keeping of the necessary records, and the heavy correspondence—days so full, whether in the large or small institutions, that they scarcely allow for the hour for instruction, rarely a moment for preparation. Yet scarcely a schedule fails to report lectures and class work. School after school has adopted the three-years' course, and in many preliminary instruction of some sort has been established. But is the class instruction that is dependent on one overworked woman, and lectures at such hours and on such subjects as very busy men can best arrange, likely to provide the theory that the pupils require to make their work intelligent?

Appreciative as we must be of the assistance so ungrudgingly given by those whose every spare moment should be spent in much needed recreation, and though we could mention innumerable doctors who have not only given lectures week after week and spent much time in their preparation, but have insisted on and carefully corrected written examinations that must have taken hours, yet we must maintain that the greatest need of our schools will not have been met until in some way *qualified instructors in every subject have been obtained, and qualified instruction demands a salary.* And what does such instruction mean?

It means at the head of all departments to give instruction in every detail of those departments, graduate nurses, who, having shown an ability to teach, have taken additional and necessary courses in teaching methods. It means instruction in anatomy, physiology, and other required subjects, either by young men fresh from the medical schools, or, better still, by nurses who have taken a degree in medicine. It means

instruction of the classes in medical and surgical conditions, in groups of eight or ten, at the bedsides of the patients, by selected men. It means classes at such hours and in such numbers as will not interfere with the hospital routine; and, above all, it means earnest, interested pupils, with minds fresh and alert to absorb the theory and adapt it to the practical work, conditions of mind not likely to be found if, as has been and is still generally the case (for this is what gratuitous lectures mean), the theory be presented at the end of ten or twelve hours of incessant activity, and—may we not truthfully add?—anxiety.

Surely, if our country finds it necessary to appropriate vast sums of money to provide qualified teachers in our public schools, in the Philippines, in Porto Rico, demanding that they shall be normal school or college graduates with one or two years' experience, we are not unreasonable in asserting that no schools exist that have greater need of the freedom in selecting instructors, and the arrangement of courses that salaried service allows, or of experienced teachers that the essential theory may be given with a minimum waste of time.

To confront institutions hardly able to meet their present expenses, and in many instances carrying a heavy debt, with a proposition for salaried instruction seems futile, but *the first and most important step towards the attainment of any object is an appreciation of its need*. If only forty per cent. of the schools have courses in dietetics and only thirty-two per cent. in massage, the fact remains that such courses, in nearly all cases, have been introduced within the last five years, that they require a special appropriation, and in some way the necessary sum has been obtained.

The provision by the hospital of the uniforms and text-books, instead of the monthly sum for that purpose, permits of a surplus sufficiently large to be of great assistance. A number of schools, as we know, have adopted this method, some even for years. Its universal adoption would do away with the difficulties now attending it. It is the need that the nurses have felt of theoretical instruction that forced the instruction; it is their appreciation of the value of thorough preparation for the many branches of the profession that will lead them to prefer the school that offers it, let the other conditions be what they may.

That problems very difficult of solution await us in the future we are only too well aware, but the introduction of salaried instruction into our schools is one that we feel confident will be solved. Not only is its need too apparent, but the interest in all educational advance is too widespread not to touch schools whose importance the public cannot fail eventually, and are indeed already beginning, to appreciate. Surely,

members of the community whose need is felt in the homes of the wealthy, in our city tenements, in our country districts, in the inspection of our schools, in our army, and as administrators and instructors in our institutions, are a power and an influence whose education, both general and professional, should be of the broadest order that they may be ready to meet the demands made upon them.

What is our experience but a height from which we should be able to discern more clearly what the requirements of the future will be? Is it not, therefore, for us, into whose hands their guidance has been placed, to make unceasing efforts to obtain for our pupils such thorough and systematized instruction that they may enter the many fields that await them, demonstrating that every detail of nursing is an art, and that not only is the profession a noble calling, but in every sense a science?

#### DISCUSSION.

Miss Alma C. Hogle, of the Somerville Hospital, Massachusetts, said:

"One year ago we extended the course from two years and a half to three years. We then wished to give our pupils a better theoretical and practical course of instruction and to point out to them that a higher standard of proficiency, more nurse-like qualities, and greater ethical responsibility would be required. These efforts met with varying degrees of success.

"What subjects to be taught, how extensively to cover them, whether to engage paid instructors, and how to do so on a moderate income were the questions to be considered.

"Finally, we concluded to take up more thoroughly the subjects of anatomy and physiology, to introduce one new subject, psychology, and to engage instructors on a salary.

"It was more or less of an experiment, and in trying to accomplish our purpose we found ourselves confronting a problem. Among other suggestions was one that some young doctor who had recently graduated might be engaged for a nominal sum, or some student who was putting himself through college by tutoring. This seemed too experimental. We finally appealed to the president of Tufts College, with which we are more or less connected because of an agreement by which the hospital takes care of the college students when they are ill. This appeal resulted in the engagement of two instructors from the faculty of the college. They have proved most satisfactory.

"From November until April we have had one lecture each week of three-quarters of an hour, with a fifteen-minutes' quiz. In addition.

the class was given a number of questions to write upon each week, the nurses being put upon their honor to do this without the aid of textbooks or lecture notes. This worked admirably.

"We were fortunate in having a most excellent teacher, who not only held the interest of his class, but inspired it with an increased zeal in study which has been most gratifying.

✓ "We had six lectures on the subject of psychology which were of necessity elementary. We feel, however, that the pupils must have a better understanding of the mental attitude of the patient towards the nurse and of the tremendous bearing of psychology on physiology.

"We paid for the course twenty-five dollars, and for the one on anatomy and physiology fifty dollars. We realize, however, that these two instructors came partly in the spirit of philanthropy.

"We have had the customary instruction in massage and invalid cookery, paying fifty dollars for each course of ten lessons. I may add that we tried to give the nurses their study hour in the morning in so far as it was possible without interfering with work in the wards."

Miss Dolliver reported that the Massachusetts General Hospital has had paid instructors for four years, the salary being three hundred dollars. Two medical instructors take the pupils through the first and second years in anatomy, physiology, and materia medica, and all instruction in subjects pertaining to the medical and surgical care of patients is given clinically. This leaves for the third year a limited number of special subjects upon which lectures were given gratuitously by specialists. There is no comparison in this with the old system. The instructors are comparatively young men.

Miss Palmer suggested that there would seem to be a field for the graduates from the Course in Hospital Economics in this sort of teaching.

Miss Nevins endorsed the suggestion as an admirable one.

Miss Ellis agreed with Miss Goodrich in her statement that the non-payment system had little to do with the number of applicants in small hospitals. She thought most women applying wanted the assurance of the best nursing education, also that the effect of the admission fee of twenty-five dollars, with ten dollars for books, had raised the tone of the schools.

Miss Ellis thought in regard to paid instructors that it was very necessary that nurses should do that teaching, even to the clinical instruction.

Miss Nutting said that where the pupils paid a tuition fee it simplified the matter of instruction very greatly for the superintendent. She could say that nurses are paying for instruction and they must

have it; that paid instructors are prompt, never postpone for pleasant engagements, and that gradually one subject after another was being brought into line at the Johns Hopkins.

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## **SOME RESULTS OF PREPARATORY INSTRUCTION**

**By M. ADELAIDE NUTTING**

*Superintendent of the Training-School, Johns Hopkins Hospital, Baltimore*

In a paper upon the "Preliminary Education of Nurses" written a few years ago attention was called to the curious fact that although the status of a profession was claimed for nursing, yet our methods of teaching nurses and conducting the work of training-schools in this country was strikingly unlike the methods of teaching in other professions. It was shown that the custom was universal of placing pupils on entering a training-school at once at the practical duties of their work in the hospital ward, leaving instruction in the principles upon which such practice was based to come at any convenient period at a later stage in their career.

An attempt was made to show that in other professions instruction in fundamental general principles always, in all instances, preceded any practical experience; that in medicine, law, theology, or in the applied sciences it was recognized that work was governed by certain principles, and in these principles it was necessary that each student should be carefully instructed; that he should, in fact, master them before he could with benefit handle actual conditions of work or life—in other words, he must have certain knowledge before he could apply it.

It was stated that these various professions of law, medicine, or the applied sciences were no one whit more important to the community nor to the individual than nursing, and not more unlike nursing than unlike each other, and that if it had been found necessary to adopt in them certain general methods of teaching, which had been accepted in all of them and were looked upon as essential in order to obtain effective results, then our methods were clearly wrong, and we ought at least to consider carefully whether or not theirs were applicable to our own particular work.

It was further shown that while such views of the subject might be new to us, they were not new elsewhere, but had been a matter not only of consideration, but of actual experiment, in other countries; that in Glasgow, London, and Dublin the methods above outlined had to some

extent been introduced into the most important training-schools, where a brief preliminary course of instruction in principles of certain work was made to precede its practice; that these experiments had in all instances produced satisfactory results, and were looked upon as a marked advance upon previous methods.

The introduction of some similar but more extended instruction into the schools of our own country was urged, and it was also urged that the education of nurses generally be brought into some sort of conformity with education for other professions. At the date of the publication of this paper a preparatory course of instruction had just been established in one of our American schools, and a class of sixteen pupils were entering for a six-months' course of instruction in the principles of their work before taking up its practice in the hospital wards. It is interesting to be able now to state that within a bare four years we can point to such preparatory courses of study established in one form or another in twenty-four schools as a part of their regular system of training; we find eleven schools either sending their probationers to technical institutes for instruction in many of these preliminary subjects, or giving preference to candidates who have taken a prescribed course in such a technical school; and we have assurances from other training-schools that such a preparatory course is under consideration and likely to become an actual fact within a short period. It is further interesting to note that this reconstruction of methods of teaching has taken place in schools which are not only representative, but are, and have been, distinguished by a liberal and progressive spirit.

It is safe to say that no one measure of improvement or reform in the education of nurses has aroused a more general interest in the training-schools of this country than the establishment of such preparatory instruction for nurses, and it is probably safe to add that with one exception no other measure has received a more immediate recognition of its importance or has been more rapidly adopted into our training-schools. We have been making history fast during the past ten years. Along with a startlingly rapid growth of schools have come many changes of a really radical nature. The two years of work and study have given place to three, the payment of money to pupils has been quite abolished in some schools for a number of years, and has dwindled almost to the vanishing-point in a good many others. Paid instructors are quite a common feature of the best schools, hours of duty are almost universally shortened, and practice and theory to some extent regulated. Scholarships have been awarded in certain schools for some years, and tuition fees are in several a requirement; but, with the exception of the lengthened course of study, no one of these measures has so quickly com-

mended itself, not only to training-school and hospital authorities, but to the laity as well, as the establishment of preparatory instruction for nurses.

In view of this somewhat surprising and quite gratifying fact, it has seemed advisable this year to look into the matter a little and see what is going on in this new development of training-school work. I call it surprising, because under the easiest and most favorable circumstances the introduction of such a course of study is fraught with many difficulties; and gratifying, in that it reveals a wide appreciation of the need which has long existed for more rational methods of education for our nurses, and shows a readiness, if not a desire, on the part of training-school workers to get out of the old, comfortable path of least resistance, and to readjust ourselves to changed or changing conditions.

In looking over the reports and statistics which have recently been obtained from the various schools where preparatory instruction has some place in the plan of work, one's first thought is that even within this comparatively limited field the methods as outlined are distinguished as much by diversity as by uniformity. The former attribute shows itself first in a very marked way in the period of time set apart to be devoted to this course of study. In several schools, six in all, a full six months is required for this preparation. In a good many others four months suffices, while three months is a very popular period and that which has so far been chosen by the majority of schools. Some others have presumably resorted to the "thin edge of the wedge" and are accomplishing in this direction as much as it is possible to accomplish in a few weeks. In all but one or two instances this term, of whatever length it may be, is included in the three years. In a very great number of instances lengthening of the course has been one of the ways suggested for its improvement and development, and a full year is considered by some not too long a period in which to give this preparation satisfactorily. Recognition of the need of this instruction has been met in an interesting way. (After a regular, definite course of work and study absolutely preparatory to the training of nurses in hospital wards was first established in one of our representative schools of nursing, the opening up of similar courses of study in other schools soon followed, and with them came a good deal of discussion as to where this preparatory teaching could best be carried on.) It was evidently a much needed improvement in methods, but it seemed to make demands upon the resources of most hospitals rather beyond their power to meet. The idea that a good deal of the desired instruction might be found in the regular courses offered at certain technical schools was advanced, resulting in the announcement at about the same time, September, 1903, of such

preparatory courses of instruction in two of our great technical schools, the Drexel Institute, at Philadelphia, and the Pratt, at Brooklyn. Soon after a similar course was offered at the Toronto Technical School, and a little later at Simmons College, Boston. In Topeka, Kan., a brief course of somewhat the same nature is given at the Kansas State Agricultural College, to which we are told the nurses of Christ's Hospital Training-School are sent, their expenses paid by the hospital. The work has been established in each of these technical schools on a different basis, which may be briefly outlined here. At the Drexel Institute the course of instruction covers a school year, during which time the pupil lives at her own expense, paying tuition of sixty dollars per year. At the close of that period she receives the certificate of the institute, and in applying for admission to the training-schools of Philadelphia is given preference above other candidates, and in some training-schools one-half year's credit in the full course. At the Pratt Institute, in Brooklyn, the conditions are somewhat similar, the length of course about the same, the subjects, methods, and expenses differing slightly. The course at the Toronto Technical School is of six-months' duration, the student paying for tuition, board, and lodging. It, or its equivalent in instruction, is apparently made a requirement for admission to the Toronto General Training-School for Nurses. The preliminary course at Simmons College is offered to the students of two training-schools—those of the Massachusetts General Hospital and of the Children's. It consists of one term of four-months' duration, and during this period the students live in the hospital training-schools and are provided with board, lodging, and transportation to the college. They pay a tuition fee to the hospital.

This covers preliminary instruction in technical schools in so far as we have been able to get information.

To proceed with preliminary work as a part of the regular course within the training-school, one finds that tuition fees are required in seven schools out of twenty-four recorded, and the fee may be twenty-five, thirty, fifty, or one hundred dollars for the course of study of apparently the same length and scope.

*Uniforms* are in some instances supplied by the hospital; in others the pupil supplies them herself in accordance with certain regulations; in other schools she wears no distinctive uniform.

*Text-books* are in some schools provided, and in others they are not.

Uniformity has been attained to a marked degree in the following essential points—viz., the *hours* of practical and theoretical work and the *subjects* selected for preparatory teaching. No matter whether the field for practical work has been the ward or the Nurses' Home, the hours

for such duty have been almost unvaryingly set at six hours daily, while the theoretical instruction has averaged two to three hours. The subjects selected are practically the same in all schools.

*Practically* the students are taught the care of the household, the preparation of foods, the handling of drugs, the construction and uses of ordinary hospital apparatus and supplies and nursing appliances.

*Theoretically* they have instruction in such principles as underlie the practical application of the above subjects, and in anatomy, physiology, and hygiene.

It will be seen at once that an important and far-reaching step towards uniformity has been made when subjects which have hitherto been so distributed that they have been found upon the curricula of some schools in the first year, upon others in the second, and upon still others in the third, are now brought finally into the first year, and into the first part of that year. It is remembered that a few years ago even so fundamental a subject as anatomy and physiology, concerning which one would suppose there could not be two opinions as to its place in the course of study, was found taught in several schools in the third year. The properties and uses or effects of drugs—also one of the subjects which is fundamental, and about which a student certainly needs to know before administering them to her patients, if ever she is to know them—came almost anywhere in the course of study. The teaching of the preparation and values of foods also came along in a haphazard sort of way in many of our schools (frequently within a few months of the time before the pupil graduated). I can remember seeing somewhere lecture schedules in which the junior year led off with instruction in the nursing of diseases of eye and ear, and have heard of another in which obstetrics was one of the earliest subjects taught. When it is clearly acknowledged by thirty or more among our best schools that there are certain subjects which have an undisputed place in the scheme of instruction, in which it is absolutely necessary for the pupil to be prepared before she can either understand the subsequent processes of her work or perform them with benefit to herself or her patient, we have made a good stride towards obtaining that degree of uniformity which is so greatly desired for our schools. I am not a worshipper at the shrine of uniformity, nor a believer in any system which is directed solely towards averaging up the capacities and powers of human beings, but in our education of nurses we have gone so far in the other direction, have had and still have so many and such wide diversities of opinion and method, that it has not only been difficult to say what our common standards really are, but in certain matters the only conclusion we could logically reach was that we had no standards at all.

Where uniformity should be found is in the selection of subjects, allotment of time to each and method of teaching, and in suitable tests of the student's knowledge.

Now, so far as preparatory work is concerned, it is evident that there is much harmony of view as to the subjects which must be pursued. Such slight variations as are found take the form of a course in chemistry in some schools, of biology in another, of physical culture elsewhere, and, if I mistake not, of vocal expression in still others. These, however, do not apparently in any school exclude or affect those subjects of real, fundamental importance, except by the indirect way of taking time and energy for the handling of one subject which might with greater profit at the particular stage be devoted to others. Where the most striking diversity is found is in the allotment of time which is given to the same subject by different schools. Why, for instance, anatomy and physiology should take up four hours a week for one year in one school, five hours a week for four months in another, seven hours a week for ten weeks in another, two hours a week for ten weeks elsewhere, and finally be completed as a subject in a series of ten classes is beyond ordinary comprehension. There must be some right number of hours each week, covering a certain definite period of time in which such a knowledge of anatomy and physiology as is needed in a nurse's education can be obtained. It may be that a course of one hundred and twenty-eight classes is too long and that of ten classes too short, but it ought not to be beyond the limits of our wisdom to reach some conclusion in regard to this subject which could be accepted by all good schools as suitable and sufficient.

What has been said of the teaching of anatomy and physiology is true of most other topics so far as the question of time allotment is concerned. This has its bearing upon our subject in that a course is not truly preparatory unless it takes the pupil in one stage, and definitely and by certain processes prepares her for that which is to follow. There can be no just way of determining what the total length of the full preparatory course should be until we can have some clear ideas as to the proper length of time to devote to each of the particular studies which must be included in such a course.

The foregoing sums up in a general way the conditions under which the preliminary education of nurses has been established in or in connection with the training-schools of this country. It is seen that in one form or another it has been adopted in a good many schools. It is under consideration by many others. In New York State it is recommended by the Board of Regents in defining standards as a most desirable development in nurses' education. At this moment movements are on foot in the South to establish such a course in a State Normal and In-

dustrial College, and in the West, in the University of California. In nearly all quarters the plan is looked upon with favor. As an idea it is attractive; it makes an almost unanswerable appeal to reason.

Having presented the main facts connected with this work so far as its growth, conditions, and methods are concerned, the question of its effects upon the schools and hospitals naturally follows. It probably has not taken any one of those who have introduced this method into their schools long to realize that they are grappling with rather a large problem, that the machinery and means of the average hospital do not readily adjust themselves to radical changes of method. It is the most unanimous opinion that there is an increase of expense, and in all instances a very considerable increase in work and responsibility. The expense is, first, that of maintaining a group of students for three, four, or six months in addition to the number required to carry on the actual work of the hospital. The larger the school the greater the expense. If the preparatory term is of six-months' duration, and the course is three years, precisely one-sixth of the entire school is always under training and instruction in the preparatory department, and the total number of students must be increased accordingly. The next expense is that of instruction and supervision. This group of students form a class by themselves and are, and require to be, under the routine supervision and teaching of one or more persons, according to the number of students and the plan of work carried out in the course. The instruction being in most instances in subjects which were already included in the general course, though given at a much later period and perhaps in a different way, it probably does not add appreciably to the expense. The actual expense depends greatly upon how and where this instruction is carried on. If, as in England, a separate building is provided and maintained only for the purpose of receiving and instructing probationers, there is a definite cost which it is easy to estimate. Tredegar House, the Preliminary Department of the London Hospital Training-School, where twenty-seven probationers are always being prepared for the hospital, costs just one thousand pounds a year to keep up. If such instruction is given in technical schools, while the pupils board and lodge in the hospital, there is the cost of maintenance for the hospital, while that of instruction is met by the technical school. If the practical part of the preparatory instruction is carried on in departments other than the wards, in which the students can perform under instruction some portion of the work which must be done daily, the expense may be to a considerable extent lessened. If the teaching of cookery and dietetics can be done either in the kitchens of nurses' homes or of private wards, if the making and sterilizing of surgical dressings and handling of

surgical supplies can be taught in the surgical-supply room or in any department where such work is concentrated, if the care, cost, and distribution of linen and clothing and domestic supplies can be taught in the linen-rooms, a certain number of salaried workers can undoubtedly be released in these departments, but it must be borne in mind that in all places, under all circumstances where teaching is properly done, there must be a larger number of students than would be necessary simply to do the actual work. The students' hours of practical duty are also much shorter than those of a salaried worker in such departments. On the other hand, it is claimed that students working under expert supervision in such departments are much more economical in the use of materials, and that a considerable saving is effected thereby. Economy is made generally a strong feature of the teaching, and it is known that the cost per capita for food has been lessened in a marked way when its preparation has been placed in the hands of students.

All things considered, there seems to be little reason to doubt that the establishment of preparatory courses of instruction within the hospital, but outside of the wards, does mean a definite increase in expense varying with the work of different institutions and the manner in which the instruction is carried on. The idea that it shall cost anybody anything to give nurses a proper education has been for so many years unthinkable that we cannot wonder if it stands for some time in the way of better development for training-school work. It is not so many years since in most hospitals the entire teaching of all classes as well as the really great executive work of such institutions was placed upon the shoulders of one woman. The idea that a regular, definite system of instruction had any place in a training-school for nurses has taken form and substance quite within the memory of the youngest member present. As for paying for lectures when they can be had for nothing—perish the thought! So I think we need not shiver on the brink unduly, but make the plunge and say, "Yes, the education of nurses if properly done *does* cost, and it should." All good education anywhere costs, and it is a bad day for our schools, for our nurses, for physicians, and for sick people everywhere, when the first question is always, "How little can we do it for?" rather than, "How well can we do it?" In a medical school which comes under my observation, where the students number less than three hundred, their instruction is carried on by a staff of over eighty professors, associate professors, clinical professors, assistants, and instructors, and the services which have been rendered in instruction by about fifteen other men are duly acknowledged (to say nothing of the teaching constantly given to the medical students by the nurses in the wards), yet in a training-school of about one hundred and thirty students the

actual instruction may be in the hands of a bare one-half dozen people, all of whom are occupied many hours daily in executive duties. Comparisons are odious, I admit it. They are made in this instance not with the view of claiming great similarity of needs, but to point my moral, which is, that a good education always costs. The question is, who shall pay, the hospital or the student? There seems to be a tendency to settle this in a measure, so far as preparatory instruction goes, by calling upon the student for a tuition fee, which, while at present in no instance large, probably well covers the actual cost of additional instruction. Where the practical teaching of these probationers is partly carried on in the hospital wards, and bedmaking, dusting, sorting of linen, care of bathrooms, etc., are the duties assigned them, there cannot be any question of appreciable expense, for the preparatory course then becomes not unlike an extended period of probation,—somewhat modified in respect to hours and the character of duties assigned,—but not requiring any considerable increase in actual numbers.

The additional work and responsibility are worthy of careful thought. Practically, a new department is created requiring the selection of suitable fields for practical work, a well-arranged system of classes, lectures, and demonstrations, a wise adjustment in its relation to other departments, and the most constant and rigid supervision. It means additional work and care in many other ways, from correspondence and the keeping of records to the training and selection of supervisors and teachers. The responsibility of watching, developing, and placing upon a secure and stable basis such a new department, under the difficulties, doubts, and criticisms which new measures may confidently expect and generally get, is large and should not be underestimated, but in my opinion it is not greater than that which a conscientious and high-minded woman must feel when twice a year she is called upon to replace outgoing senior nurses in busy hospital wards with a class of raw, untaught probationers, with a certain knowledge that they will be pushed into acts for and over the sick they do not understand and are not able to perform in a satisfactory way. To my thinking, the responsibility is not so much increased as altered. It is more in one place but far less in another. Admitting, then, the increased expense and much additional work and care, what are the results in other directions? What are the advantages and the benefits to the student and to the hospital? If one can imagine a medical student being permitted to enter the wards of a hospital and begin his work over the patients without any previous preparation, and can further imagine the profit he and the patient would derive from such exercise, it should be equally easy for us to realize the advantage which suitable preliminary instruction gives to a pupil nurse. In teaching her

first the principles upon which all nursing work is based it provides the only good and safe foundation upon which to build her further training. It thus enables her to profit from the very beginning by her practical work and opportunities in the wards. It makes her an intelligent instead of a confused and bewildered performer of acts; it prepares her gradually, mentally, physically, and morally, for a right appreciation of the gravity and responsibility of her work. If she is of those who adapt themselves slowly to new conditions, it gives her a chance to develop. It seems clear the prolonged period of preparation proves most valuable in giving a further insight into the character and ability of our pupils. The qualities on which judgment has sometimes been based have not always been those which stand well the test of time, nor can one always trust to the sound judgment and unbiased vision of young assistants or head nurses, whose reports must be considered in reaching a decision. Probably every superintendent here will admit that many a superficially clever, diplomatic young person has passed a reasonably satisfactory period of probation. Her quickness, activity, and ready adaptability to conditions about her, being qualities desired and needed in hospital wards, have been noted and commended, and other less desirable qualities have been overlooked to appear at a later stage, when the termination of her connection with the school has become from every point of view a more difficult matter. It is almost out of the question for such a pupil to go through the six months of preparation under the same instructors daily and be passed on into the wards.

On the other hand, who has not sent away in doubt an extremely good woman, simply because she developed too slowly to satisfy the minds of her instructors, impatient at what seemed dulness and lack of progress? Some of the best and most efficient nurses we have ever graduated have been those about whom the gravest doubts were entertained in their first few weeks, owing to disabilities which placed them at a disadvantage in such unfamiliar surroundings.

When we come to summing up the advantages to the hospital of the new method over the old, the opinions which have come from every source place the odds overwhelmingly in its favor. There is not one dissenting voice. There is, on the contrary, a keen appreciation of its benefits expressed from every quarter where it has been given a fair trial. "I consider it an unqualified success," writes one whose opinion carries much weight; "the results fully justify a considerable increase in work and expenditures." From three schools where it has been established but little over a year, one finds it of "almost unlimited benefit already;" the other says, "We already find the students much more valuable to the hospital than under the old method;" while the third

writes that "There can be no possible doubt as to the advantage to the patients." "We are amply repaid for our efforts by the greater efficiency of our pupils," writes one who has been watching the work carefully in her own school for over two years. "It is most satisfactory," writes another; "the results compensate fully for our outlay;" while the last one writes frankly, "We simply could not do without it."

It is affirmed that the work over the patients is done from the beginning with some skill and intelligence, and that every act in the work of the ward is done with a due appreciation of its importance or possible consequences, that the pupils are observant and attentive, that they are careful and cautious. It is considered that the whole character of the pupils' work is different and better—so much better than that of the average pupil at the same period of instruction under the old system, that in one school it was suggested that the next effort should be to bring the character of the work and teaching of the wards up to the thorough and careful standards of that done in the preparatory department. My own observation is that there is some tendency to expect too much of the preparatory department. A pupil who has just passed out from there into the hospital ward is an instructed, informed, intelligent probationer, but she is not a senior nurse and is, as an actual fact, just taking the rank of a junior. (It should be noted that the very best standards of work are a little difficult sometimes for a beginner to apply to the needs of a busy hospital ward. She has been taught good methods, but to use them well under pressure of time and a diversity of seemingly urgent duties is one of the lessons which only experience teaches.)

If from the standpoint of those who have been making the experiment and are responsible for its results, the outcome of establishing preliminary instruction in training-schools is benefit to the pupil and benefit to the patient, and if this is so great as to fully justify any reasonable increase of expenses, there is no apparent reason why this step should not be urged upon all schools without delay. Pleased, however, as one may be with this interesting record, I cannot feel that we have yet passed the stage of experiment, and even though we may have fully and unreservedly accepted the idea, I hardly think we can be satisfied with its present development or outlook. Those who have approved of it, but felt that its introduction into the hospital training-school as a part of the course was too great a tax upon the capacity and resources of the institution, have urged its establishment in technical schools. In the regular courses of instruction offered in good technical schools there is much that covers the identical ground which has been marked out for preparatory instruction, and one must admit that it saves

the hospital training-school much trouble and some expense if this important matter can be satisfactorily handled by them.

The results of this method can only be obtained through the hospital training-schools into which the students pass on completion of the preparatory course in the technical. As no training-school has so far made this an absolute requirement, one may find in the same training-school pupils who have been so prepared and those who entered in the ordinary way. It should be easy to institute a comparison between a nurse at the end of a year of the usual hospital training, and the nurse who has had six months in the technical schools and six months in the hospital following. It is hardly possible to make a just estimate of the comparative merits of the two systems at a much earlier stage; and the observations should extend over a considerable period in order to make allowances for individual differences. The results of their work and its value as a means of preparation compared with that which may be given within the hospital training-school should be a matter of continuous and careful study and comparison.

The disadvantages so far recognized in this course in a technical school are that there is little opportunity to judge of the fitness of the candidate for the special requirements of the work of nursing, and a further probation is a necessity. The personality and certain other characteristics which count so greatly for or against a candidate and come out in the daily life of a student in residence under constant supervision cannot readily be discovered in a few hours of school work, especially when the instructors are not accustomed to looking for them, unfamiliar as they are with the needs of hospital and nursing work. This necessity of having young pupils under personal care and observation during the preparatory period is evidently very keenly felt. It is referred to by almost everyone who has given either study or experiment to this subject, and the statement is repeatedly made that it is a disadvantage to a pupil not to have her where she is under the influences which will shape her directly for her further work. Everything which she is taught in a preparatory school has a bearing upon the next stage of her career, and she is better carried forward if those who are teaching her are familiar with the practical application of most, at least, of those principles in which she is being grounded. I think I am right in saying as the result of close observation of the tendencies in this important work that, while the hospital training-school lacks means and facilities for giving some of this instruction satisfactorily, the technical school is equally lacking in ability to handle in any way a very important part of it, and I am not sure that it would not be easier for the hospital to provide suitable instruction in the subjects taken over by the technical school than for

the latter to bring itself into direct line with subsequent training-school work.

Economy is one of the shining virtues. Its value, its necessity, had never greater need of being taught—proclaimed, in fact, from the house-top—than in this country at the present moment. I recognize to the fullest degree its importance to the individual, to the institution, to the nation. It is the text of my most frequent sermons and the subject of unceasing anxiety, but in institutions I would not have it begin and end with the education of nurses. The lavish expenditure which we daily see in many of our great and some of our lesser hospitals for costly and elaborate buildings, for finishings, furnishings, and equipment of the most expensive kind possible to obtain, and often quite unnecessary, is not a salutary lesson nor calculated to bring forth the best efforts of those who in these same institutions are often struggling to obtain the services of a sorely needed additional teacher or assistant, a few books for the training-school library, or certain appliances for teaching which would be recognized as essential features of any system of instruction anywhere else. Those hospitals in the stage of transition from the early system of paying an allowance of ten or twelve dollars per month, to what is called the non-payment system, will have no difficulty from the standpoint of expense in giving good preliminary instruction if the money released in this way can be applied for the benefit of the pupil in other ways. It seems altogether inconceivable that there should be any real difficulty in appropriating for suitable instruction for nurses what has been willingly paid them for personal uses. It should be very clearly recognized that the abolishment of the non-payment system in any school turns back into the hospital treasury a sum of money which has hitherto been appropriated for the maintenance of the training-school. Every penny of it and more is needed for those training-schools as a rule. In large schools, say of one hundred or more pupils, a very large sum of money—indeed, from twelve thousand dollars a year up—would be released for other purposes. It may be said, "But we receive in place of this allowance another assistant, scholarships, uniforms." Those who have good reason to know from experience about this will tell you that all of these may be supplied and still leave a good half of the appropriation untouched. Can it be better utilized than in improved methods of instruction, such, for instance, as a preliminary course? Just let us face here the question which has been asked before and may not unlikely be asked again, as to whether or not such a course can or should be introduced generally into training-schools. Let me here state my opinion with emphasis. I do not think it can. But that is no reason why it should not be adopted by those schools which regard it as a good

measure, are willing to do the work, and able, even with effort, to meet the expense. To take any other view of this and similar improvements, to say that because all schools cannot now adopt this method none of them should, is putting a premium upon mediocrity. Logically carried out, it would place our schools at the level of the lowest, prevent all progress, make useless every ideal. This same destructive spirit has met at different periods of history some of the most valuable and important reforms ever undertaken. A school should do what it can, the very best that it is able. If preparatory teaching is to become a recognized permanent feature of our system of instruction, the way will open by which it may be provided for those smaller schools of much excellence of work and ideals but of limited means and opportunity, or for those groups of affiliated schools which are clearly the next development in nursing. And it will come when it does because of the pioneer work of the larger schools willing to go through the periods of doubt and difficulty, which are the inevitable accompaniment of "enterprises of great pith and moment."

It is my hope that as many hospital training-schools as can see their way to preparatory teaching will adopt it; that others not able or not desiring to do this will cooperate to the fullest degree with such technical schools or other institutions as may be available; that every possible test will be made of the value and efficacy of this method; that groups of affiliating schools will try the experiment of establishing central preparatory schools of their own, ultimately, in every State. By that date we shall have ceased to call them preparatory schools and shall call them what they will be, schools of nursing, where the fundamental sciences are taught practically and theoretically, where the theory and principles of nursing are taught, but where practical training and experience in nursing in all its branches may be supplied to the pupils through those hospitals, one or many, which are now struggling with such inadequate means to carry on the educational work of training-schools. Preparatory instruction points the way and has thus performed its mission. We should realize this, however; if the preparatory work that has been done stopped in every school at this moment, it still would have been well worth all the effort that has been made in the effect it has had upon the education of nurses, and particularly upon the standards and requirements for admission to training-schools. In the constructive stage of our work we can well take heed of the means by which improvements have been effected in other branches of education, remembering that the objects of educational reform are from beginning to end quite the same everywhere, to prepare the individual not only for better service, but for a better life.

DISCUSSION.

Miss Ellis said that after two-years' experience the Lakeside Hospital of Cleveland would not under any consideration go back to the old system. She thought a six-months' preparatory course could be adopted in a small hospital with equal advantage. She described in detail the care that is given to the health of the probationer, the benefits derived by the hospitals of such a course being improvement in hospital ethics, greater dignity on the part of the nurses, improved neatness and cleanliness of the wards, better care of linen, decrease in the destruction of the equipment, and every hour of the pupil's time being of value in service. The superintendent knows just what the pupil has been taught, and when she is placed in a ward she feels less anxiety about her possible mistakes.

Miss Nevins thought it need not take any more nurses to do the work under this system, it was simply a matter of rearrangement. After a year's trial at the Garfield Hospital there was simply no comparison in results. It was shown that on the non-pay or admission-fee system such a course with paid instructors did not increase the expenses of the school.

Miss Gross, of the Buffalo General Hospital, stated that they started such a course in January, 1905, with an admission fee of twenty-five dollars and five dollars for breakage, and that immediately their applications fell off so rapidly that it had recently been decided by the board to discontinue the admission fee. During 1904 the school dropped the monthly allowance, but required no fee, and promised one hundred dollars for the third year. Under this arrangement they had a sufficient number of applicants to carry on the school well.

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## THE INTRODUCTION OF DISTRICT NURSING INTO THE TRAINING-SCHOOL CURRICULUM

By MARY L. KEITH

Superintendent City Hospital, Rochester, N. Y.

Two training-schools with which I am acquainted are doing district nursing in a small way. Perhaps a brief account of their distinctive methods may serve to open for discussion the question of district nursing as part of the training-school curriculum. One of these schools is connected with a lying-in hospital which, in addition to its ward service, maintains an out-patient department. Here each year nearly two thou-

sand poor women at time of childbirth are furnished medical attendance in their homes under the direction and supervision of the hospital staff.

For many years the Training-School nursed only hospital patients. Recently, by a system of coöperation, the lines have been extended to include nursing in the out-patient department, where five graduates of the hospital Training-School are already at work.

The Instructive District Nursing Association of the city has a superintendent, an assistant superintendent, and a corps of graduate nurses. It now receives two hospital pupils at a time, for a two-months' service each, to assist in nursing the out-patients of the hospital under the association's direction. These pupils sleep at the hospital, breakfast there, and return in time for dinner at night. The association provides the bags with the necessary articles, furnishes luncheon at noon, and allows money for carfare.

When the hospital pupils report for district duty one of the graduate obstetric nurses makes rounds with each pupil, shows her the methods, and explains the various situations that are liable to arise. After a few days the pupil goes by herself, but the obstetric nurse follows later in the day to see that the work has been properly done. The work is also inspected by the superintendent or her assistant at different times, so that throughout the two months there is constant supervision and instruction. Weekly reports are filed at the secretary's office.

The obstetric nursing is only one branch of the association work. Pupils from general hospitals are received to assist in the work at large, but pupils from the lying-in hospital go only to the out-patients of that hospital. As this institution furnishes medical attendance in the homes, it appears a natural and progressive step to furnish nursing also, and coöperation with the district nursing association is of mutual benefit.

The other hospital with which I am acquainted has no such ideal conditions for district work. It is one of several hospitals in a city that has no district nursing organization, and the custom is to send a pupil nurse in response to calls to visit the sick poor in their homes. Many calls come from a certain charitable society that makes the welfare of the poor its object, and others from physicians who are giving their services in destitute cases. Hence it is that a pupil makes daily visits to a varying number of cases, and after a month of such work returns to her hospital duties with increased self-reliance. This self-reliance has been acquired at considerable cost.

A few from each class show qualifications for district work, enter it with the right spirit, and carry an atmosphere into the homes they visit; and they are sorry, the hospital is sorry, and the patients are sorry when the service rotates to another. The larger number are un-

promising workers in this field of social service. They are not particularly anxious to come in close contact with filth and poverty, and they are not prepared to take a personal interest in those conditions. Hence they are not adapted for this branch of nursing, and when it is to them only a prescribed part of their training, their unfitness becomes a source of anxiety to the management, and the situations they create drain off energy that might be diverted into other channels of training-school work.

The first question to be adjusted is often that of raiment. Tip-tilted picture hats, yards of green and blue veiling, and ultra fashionable coats must be eliminated. Daily lessons with the map and street-car lines must be sandwiched in with the morning work. The pupil goes to her cases. Perhaps she sees the doctor in attendance, but oftener she does not. Her work will not be inspected by anyone in position to criticize, and there is no one to instruct. Her judgment has not matured, and questions are constantly coming up that call for the best of judgment, not only in the sphere of nursing, but in that of sociology. She reports each day to the superintendent, who from her report advises as best she can, but it is so unsatisfactory that it is a relief when patients can be persuaded to enter the hospital. The use of a free bed for an indefinite length of time is preferable to the assumption of responsibility in a territory which the hospital neither controls nor supervises.

Pupils older in the school do better than those younger, but when third-year pupils act as head nurses, drawing from this group every month cripples the work at home. Each pupil costs the hospital about three hundred dollars a year, and, viewed from the training-school standpoint only, it often seems that this money and energy might be so invested as to bring larger returns to the pupils.

We all want the sick poor well cared for when they cannot leave home, and the other side of the question is, How can it be done if pupils are not sent? Unfortunately, as I have said, there is no visiting nurse organization in the city to which I have referred. There is one paid nurse for tuberculosis work, and there is some volunteer nursing in connection with a settlement. The registered nurses of the city realize the gravity of the situation, and they are considering the advisability of supporting one of their number for district work. There is in another city a nurses' club, whose members are required to do some charity work each year. Physicians who use this club registry for their paying patients may obtain nurses for their charity patients also, those whose names are at the foot of the list being sent in response to calls. One of the distinctive features of a profession is thus emphasized, a calling in which money is not the first consideration.

## DISCUSSION.

Miss Palmer thought that sending pupils out for a few weeks of district work in the latter part of the third year was a great advantage to some nurses; that there was such a thing as too much hospital, too much discipline, too rigid a life for some temperaments; that it destroyed originality in a few and blunted the sympathies of others, and that a little glimpse into the homes of the people was an excellent experience, especially to a nurse who was to be placed in charge of a public ward, where such knowledge made her more appreciative of the home problems of her patients. She endorsed all Miss Keith had said in regard to the difficulties, but thought there were advantages from the humanitarian and social side that counterbalanced the objections.

Miss Riddle, speaking for the Newton Hospital, said: "We are planning to try district nursing in what may be called a country city, the chief object being for the reasons Miss Palmer has stated. We hope to make our pupils better acquainted with the homes and conditions from which the patients have come to us, to do good work for the patients in such homes, and we also hope that some good will react upon the hospital."

The president called upon Miss Annie Damer, who said: "I think more and more that the district nurse is becoming a very important factor in the sphere of social economics, and more and more it is being demonstrated that she is a very valuable factor, but to become so she requires sufficient training and special adaptability. I do not want to say very much on this subject. I am not a superintendent, but I have had a little experience in district work. You ladies have all come to the conclusion that it is not advisable to send your pupils out into the homes of the rich during their period of training. You agree that the nurse must become schooled in the art of nursing or in the technique of her work before she begins to practise it outside. Then why should you send your pupils out to practise it in the homes of the poor when you are unwilling to send them into the homes of the rich?"

"Two years was not considered time enough to train her to become a competent nurse. Three years now are required, and the time is all needed in the hospital. A nurse cannot be trained for district work in the hospital. She needs there to be schooled and trained and made ready to practise her profession anywhere, but going into the homes of the poor requires another kind of training and a special adaptability is needed. All women are not capable of doing that work, and, as Miss Keith has said, you will find a very large proportion of the nurses who are sent out to do that work are not fitted for it at all, and they cannot adapt themselves to it.

"If it is at all possible, there should be added to the curriculum of every training-school a course of lectures on the special work that is being done by philanthropists and sociologists in the world at large for the poor and needy and destitute in our great cities. It has been begun in one school in New York City. The Committee on District Nursing are planning to coöperate with the School of Philanthropy, and instead of having lecturers go to the different schools, it is hoped that pupils can come together at some central point for these lectures. I find that many of the nurses who come to do district work have spent three years in a training-school in New York, but they know nothing about the city or where the poor live that they have met every day in the hospital, and they know nothing of the great needs that a nurse as a social worker has to understand. She must not only have the knowledge necessary for private nursing and hospital nursing, but she must understand the needs of the poor and the methods that are considered best for their relief. I have known superintendents to say to a graduate undertaking district nursing, 'Why, you are a graduate; you can do anything,' but when she gets into the work she finds she is not fitted for it. I have had letters from nurses saying, 'I would just love to do that work,' but if they love to do it they would be doing it in some capacity; they would not be waiting for an opportunity with a salary.

"In New York City some of the district nurses have taken the summer course in philanthropy. I have had a little experience with pupil nurses in the work. No woman can learn it in one or two months. She had better have two years, and then she thinks she knows less than when she began; in two months' time she is only beginning to get the groundwork of it and to have a little knowledge of the home. I feel especially for the patients. Do not begin to think that your hospitals and training-schools are only a clinic for the nurses. We have doctors getting their experience outside. Don't let the nurses begin that too. The need of the nurse giving plenty of time to this is that she must know her district and know the people she is working among, so that the people may get to know her. Her work is in the large cities among ignorant poor foreigners, who are suspicious of every man and woman who comes into their neighborhood. They get to know the nurse, to know her face and the bag she carries, and they come to have the utmost confidence in her and to tell her all their troubles. They cannot know a pupil nurse as they do one who is there continually.

"In our large hospitals we often feel that there is no need for people to be so poor and dirty. Go into some of those poor little tenements and see how people are crowded and how they are living when sickness comes. The district nurse knows and she can sympathize with

them. Consider the patient when you are thinking of undertaking district nursing in the homes of the poor as part of the curriculum of your schools."

Miss Nutting said: "These speakers have all touched upon what seems to be very vital points in this matter. Miss Keith has emphasized the great care that it brings to the superintendent, in addition to her executive work in a large hospital, when a training-school undertakes the care of the sick poor in their homes, and it would seem to be stretching her province quite beyond the ability of any one mere human being to handle properly. I should object very forcibly to the introduction of district nursing into the training-school curriculum."

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## THE PRESENT STATUS OF EDUCATIONAL METHODS

By MARY M. RIDDLE

Superintendent Newton Hospital, Mass.

In presenting to you this meagre report of the status of nursing education in our country to-day, it may be well to say that these facts are gleaned from the reports of one hundred and fifteen schools in hospitals having one hundred beds or over, and relate to matters dealing with the instruction department.

This can be but the faintest abstract of what these schools are doing, but at the outset we gather some encouragement, as must all our members who have worked long and faithfully to secure more and better instruction in both the theoretical and technical work. While we have not yet by any means attained the much-desired uniformity, the prospect is, nevertheless, brightened by certain improved conditions under which instruction is given as well as by the fact that, evidently from these reports, more thought and attention is directed to it than when my predecessors here began their crusade for more and better educational advantages as well as for more uniform methods. No doubt the nurses' own clamorings have been heard by training-school boards and have been heeded by reason of their importance to the effect that curricula have been extended and in many cases additional time for study allowed. An adequate survey of the field as we find it contained in these reports, as well as in our knowledge of what has transpired, compels us to award great praise to those schools which were the pioneers in causing a reform.

Courage was given them for experiment and results amply repaid

their efforts. No doubt State registration has also played an important part in the matter of course extension. To be sure, in some States it has been but the shadow of a coming event, but it has, nevertheless, set instructors and managing boards to thinking and in very many instances to acting also. We know for a certainty that registration has had a wonderful influence upon the schools in those States where it has already become a law. Possibly in no particular is there more nearly uniformity than in the length of the course, for of these one hundred and fifteen schools we find that ninety-nine have a straight three-years' course. Of the remaining sixteen two did not give the length of time in training, eight have two years, while all the others have two years with some additional months which are apparently intended to cover the probationary period, until the end of which the course is not really supposed to begin.

Hours of duty are not quite so uniform, as they vary from twelve hours for each day and night to eight hours each day and night. Just how in the latter case the remaining eight of the twenty-four hours are disposed of does not appear.

Of the one hundred and fifteen schools forty-nine have twelve hours each day and night, twenty-seven have ten hours for day and twelve hours for night. All others scatter by ones or twos in days or nights of nine, nine and a half to eleven and a half, and twelve or thirteen hours for either day or night.

All the schools give some vacations, the average length being two weeks, but, like the other arrangements for nurses' time, there is a tendency to increased liberality, for we find many schools giving three weeks and others saying they hope to increase to three weeks after a certain date. In some instances, however, vacations are decreased because of nurses' illnesses or time lost for other reasons. Possibly in no particular are vagaries more evident than in time allowed for illness. We find in some schools that from two weeks to thirty days are allowed; in others no time is allowed; in others all time lost on account of contagious diseases contracted in the line of duty is allowed.

To those of us who have given the matter much thought there seems to be two distinctly different points of view in this latter plan. It certainly seems liberal of the school to allow so much time, but is it best in all cases for the nurse? Might it not be very well to be thus generous if these nurses were paid employes, as, for instance, if they were graduate head nurses on a good, fair salary? But in these times when there are so many different branches of the work in which nurses should be drilled is it really fair to allow them to miss any considerable part of it, as must be the case if they are out for two, three, or more months? Is it really professional thus to do? Does not that very so-called liberality savor of

the old-time relation between hospital and nurse—viz., that of employer and employé?

May it not have been a relic of that antiquated idea which influenced a prominent citizen to express to the writer his unbounded surprise that nurses do not belong to the labor unions?

Verily there remains much opportunity for education.

In consideration of the question, "Is instruction all given in your own hospital?" we arrive at what is apparently a more definite regard for the needs of the school, and we find something approaching uniformity, for seventy promptly answer "yes," forty-one answer "no," and four do not state.

Of the forty-one which send their pupils out we find that the time varies from six weeks to three years, and the reasons for thus sending them out are in the nature of the following—"for training," "for the accommodation of the community," "for pay;" but in so far as it was possible to understand, neither training nor the accommodation of the public was wholly divorced from the latter or "for pay" reason, though it was not the design of either question or answer to make that particular point prominent.

We find an increasing number of schools are sending their pupils to other institutions for supplementary training, for out of our one hundred and fifteen schools under consideration thirty are doing so, which is something more than one quarter of the whole.

One is constrained to remark right here that it would be interesting to be able to look ten years into the future and see whether the proportion increases or decreases.

The system is so comparatively new that its intrinsic worth has not yet been wholly proved to the satisfaction of all those superintendents who are giving it a practical test. There seemed to be a disposition to refrain from answering the question as to whether private duty was considered a part of the course in training, but there can be no doubt of the two schools whose pupils spend three years thus, for, evidently, if that is not training, they have nothing, or comparatively little, which is.

We find but nine schools giving any attention to that much-needed and much to be desired work—viz., district nursing. Even this, however, we believe to be an increase over what prevailed ten years ago.

The smallest amount of time thus devoted is two days and the greatest three months. All the district work is done under the supervision and for the most part under the direction of charitable associations organized for the purpose.

Special work is required in sixteen schools, and ranges from private nursing in families to a five-months' course in obstetrics, either in an-

other institution or with the Sisters of Charity, for the sick poor of the city. The respective places occupied by theoretical and practical instruction present a most interesting topic for thought and study.

Of the one hundred and fifteen schools we note that thirteen do not definitely state whether theory or practice receives first attention, but of the others nineteen give instruction first in theory, thirty-six first in practice, and forty-seven give the two together. A closer and more critical examination of the answers reveals the fact that in the list of nineteen schools giving instruction in theory before practice we find most of those that have won distinction for thoroughness and breadth of training as well as for originality and progress in methods—in short, we find them to be the schools we should most wish to emulate.

Doubtless many of the forty-seven giving theory and practice together would prefer the other plan but are deterred from various causes, notably that of being unable to meet the financial strain thus imposed, for certainly the cost of maintaining such schools must be greater, at least at the outset.

It is most encouraging to read the various expressions of opinion from superintendents of nursing schools and find so many hoping to advance along that line within a given time.

One school gives to the nurses clinical instruction in the hospital wards for three months during each of the first two years, the nurses being taken in classes by their instructor, a physician, to the bedsides of the patients and there taught how and what to observe in much the same way as medical students are taught.

This is an accompaniment of the theoretical teaching or lecturing on diseases and seems a long step in educational advancement. The nurses are thus made somewhat familiar with diseases, their symptoms and nursing management, and are aided when undertaking the actual nursing care. By the same means the work of the hospital is greatly facilitated.

In the schools studied the practical work varies, as it must, of necessity, according to the exigencies of the hospital and the character of the cases treated therein.

The greatest length of time spent in the care of medical patients is seventeen months; of surgical patients, eighteen months; of gynecological, twelve months; obstetrical, ten months; of children, six months; a goodly number include gynecology with either medical or surgical work, as others also include the care of eye, ear, skin, etc., with either of the two main divisions of nursing, and thirty either give no time to obstetrics or fail to state their plans.

We find that one school requires that its pupils shall have not less

than three hundred cases in the general surgical operating-room, another not less than twenty-five, another not less than two hundred gynecological operative cases, and another not less than fifteen. Twelve require one month's service in the general operating-room, seven require none. A careful study of the time spent in surgical and gynecological operating-rooms proves that three months is the average length of time thus spent, by far the largest number of schools requiring that.

Apparently the care of mental diseases is considered a specialty, and they are, as a rule, treated in institutions apart from those devoted to the so-called general diseases.

Eighty-five schools do not mention the subject; two were indefinite in statements; one gives the care of twenty-five cases; seven give this instruction with general medical cases; two include the care of eye, ear, throat, nose, skin, and mental diseases in one class, while all others vary from one month to four in the time to be thus spent. Other practical instruction is given in a variety of subjects, the principal ones being diet-kitchen work, domestic science, and special nursing. The time in the diet-kitchen is from one to six months and includes the preparation of the extra diets, such as broths, gruels, chops, steaks, and all small portions of any special article that may be ordered for one patient or a small number of patients.

One school gives each pupil nurse the opportunity of acting as the housekeeper's assistant in a hospital that has but one general kitchen; here she prepares in so far as is practicable those articles of diet that would ordinarily be prepared in a special-diet kitchen. She also has the opportunity of going to market with the housekeeper and is encouraged to know the price of subsistence supplies. To this end she is questioned as to the cost of butter, eggs, etc., and is expected to know when the last supply was purchased, of how much it consisted, and how many patients the hospital averaged during this time. If possible, all this is compared with the corresponding time last year. It is evidently expected to serve several purposes by this practice: the nurse is given a little insight into the domestic arrangements; she is taught the actual preparation of food, and is given some knowledge of the expense of food supplies with the hope that economical principles shall be instilled from which the hospital and eventually the public shall benefit.

Other special work, such as nursing of contagious diseases, nursing in private work, dispensary work, massage, laboratory work, treatment in hydrotherapy, care of accidents, etc., all receive more or less attention.

By far the greatest part of practical instruction is given by the superintendent of nurses and her assistants or by head nurses under her

direction. In a few instances members of the attending staff of the hospital teach the practical work.

The outlines of the courses of theoretical instruction show some departures from methods pursued in years ago, for we find that anatomy and physiology are begun during the first year in almost all instances. This agrees with the principle of theoretical instruction before practical, for, naturally, it seems almost absurd to require a nurse to care for a human body of whose construction and functions she is often absolutely ignorant. It has seemed that just at this point lies some cause for encouragement; here is possibly the nearest approach to that uniformity to secure which much time and energy has been spent.

The amount of time spent weekly upon these subjects varies from one to eight hours, though the greater number of the schools reported spend but one hour. The number of lectures given ranges from one to one hundred and seventeen; forty-five schools give twelve or more, while fourteen schools give twenty-four or more; all others range from one to twelve or from twenty-four to forty-eight. The number of recitations varies from one to eighty—only twenty-four schools give less than twelve recitations while ten give fifty or more.

Seventy-one schools give no demonstrations in the subjects of anatomy and physiology while two give forty. The time spent varies widely—one school spends three weeks while four spend some time during the whole three years, seven during two years, four during one and one-half years, several during one year. All others range from two to ten months. The amount of time spent weekly upon materia medica varies also; forty-six give one hour, one gives eight hours, and one reports giving twenty-four hours weekly.

All other branches in the course of theoretical instruction receive consideration in proportion to those named, but time does not permit a more detailed account of them here.

Although we may lament not having reached our goal,—uniformity of instruction in theoretical and practical work,—we yet see much to reconcile us to the present status of nursing education.

Surely these courses, as outlined by the one hundred and fifteen schools, prove that nursing, if not now entitled to be called a profession, must be very soon placed with what are commonly known as the learned professions.

With the courses of one or two of these training-schools spread before me, I am compelled to exclaim, here are schools giving technical courses—as indicated by the practical nursing here taught; here are schools of philanthropy—as indicated by the preparation of pupils for coöperation with charitable organizations; here are schools for social

workers—as evidenced by the number willing to do district nursing, settlement, and kindred work; yes, and it would seem that here also are given some of the scientific branches of an academic course.

Here are schools that no longer depend largely for their instruction upon the charity of their medical and surgical staffs, but, like those of any other kind, are receiving for money consideration a great part of it from men and women whose time and talents have enabled them to become proficient in their lines.

The instruction in practical work also is given by a specialist in each particular department. The same system of class examination and class ranking is found in these schools that prevails elsewhere for the benefit of the students. Indeed, they go a step or two farther, for we find that nurses are instructed in civic duty, as they must know their relations to Boards of Health and their laws.

Nurses are made to know, also, their moral obligations to the communities in which they dwell; their duties in times of epidemics and other perils; their responsibilities, privileges, and duties in connection with those measures tending to elevate the profession as well as concerning their loyalty to it.

#### DISCUSSION.

Miss Palmer asked what use the superintendents of hospitals of less than one hundred beds were making of the third year, saying that in the very large hospitals where there was a great variety of experience it was readily understood that the third year could be made a very great advantage to the pupil, not that it had not been made clear as to just how the smaller schools with limited experience were utilizing this extra year in a way that is clearly an advantage to the pupils.

Miss McMillan thought the third year offered an opportunity for pupils to be given some experience of district nursing, saying that district nursing associations were finding it difficult to obtain nurses who were ready to undertake the work. She thought we owed it to our pupils to give them this experience, and that if they could not be trusted towards the end of the third year to go about this work in a proper manner they should not be graduated, that while we realized that they could be taught very little in a month's time, it at least encouraged them in that direction, and that there was great need of nurses trained for the work. She did not feel that we were injuring our schools or assuming too much responsibility in giving pupils some training in district work in the third year.

Miss Curtis stated that in her hospital massage, dietetics, the care of children, and obstetrics were given in the third year, with some special obstetrical work outside, and that they were arranging to supply nurses

for a small hospital in the district. They would like to give some district work if it could be done under supervision.

Miss Greenwood said that in her hospital the nurses were taught the executive management of all the departments, and that they were now considering district nursing.

Miss Nevins said that she thought it would be found that many small schools were making a feature of teaching the executive management and office work of the hospital in the third year.

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## POST-GRADUATE STUDY FOR NURSES

BY CLARA D. NOYES

Superintendent St. Luke's Hospital, New Bedford, Mass.

WHEN asked by the chairman of the Committee on Education of this society to prepare a schedule on this subject to be sent to the hospitals throughout America it was with something like the feelings of a probationer that I consented. To sort, arrange and tabulate, and put the material into comprehensive shape was easily anticipated to be a very difficult subject.

Nevertheless, these schedules were prepared in two forms, one to be sent to the general hospitals and the other to the "special" or post-graduate hospitals. Over four hundred of these schedules were sent; none were sent to hospitals containing less than twenty-five beds. Two hundred and sixty-three were returned, with five letters pertaining to the work. This means that nearly two hundred schedules were not returned, although many had a second notice sent to them.

One's first impression upon being confronted with this pile of literature was, "What an enormous piece of work to sort, arrange, and tabulate," but, alas! the greater number were blanks; and the next feeling was, "Is there any graduate nursing instruction given in America?"

Upon closer inspection one finds there is some "regular" work done in the post-graduate hospitals and a very little "irregular" work in the general hospitals. Before considering the question from any of its many points of view, let us see what is being done, as far as we are able, from the schedules returned and subsequent letters written. It was unfortunate that such a large number of the schedules were not returned, as it prevented making a complete report.

**POST-GRADUATE WORK IN THE GENERAL HOSPITALS.**

From the general hospitals of one hundred beds or more to which schedules were sent one hundred and fourteen were returned.

Of these twenty-six only give a supplementary "irregular" post-graduate course, while four conduct a regular course. Ten of these schools admit only their own graduates. Sixteen admit graduates from any recognized school.

Of these twenty-six schools only three make any provision for a regular course of lectures and class work. The others permit the graduates to attend the lectures and classes of the pupil nurses, but as many of the schools admit the graduate nurses only during the vacation season there are no lectures and classes to attend. The length of the course varies from six weeks to one year; the number of applicants from three or four yearly to as many as one hundred and fifty; the number of graduate nurses admitted from two yearly to one hundred and ten. In one a fee is charged of one dollar per day, while in others we find allowances given of varying amounts to as much as twenty dollars per month.

In some instances the graduate nurses live outside of the hospital buildings, board only being furnished, in others they are permitted to live in the Nurses' Home and allowed board and laundry privileges.

From the general hospitals of fifty to one hundred beds eighty-two schedules were returned; of these only three give irregular post-graduate instruction, two to their own graduates and one to graduates from other schools, the course varying in length from six months to one year. No provision is made for special instruction in any of them.

From the general hospitals of twenty-five to fifty beds forty-seven papers were returned; of these two give a supplementary post-graduate course, one in obstetrics and one in massage, both arranging for special instruction in these branches.

**POST-GRADUATE WORK IN THE SPECIAL HOSPITALS.**

The second schedule was prepared with special reference to the post-graduate hospitals or the so-called "special" hospitals. From these twenty schedules were returned, with five letters pertaining to this work. Of these only one, the Presbyterian of Chicago, conducts a course in general work. This has already been included in the summary of general hospitals. In eight of these hospitals all the nursing is done by graduate nurses, in the remaining twelve it is done by a combination of graduates and pupils secured in some instances by means of the "exchange" system, in others there are organized training-schools to which pupils are admitted for a regular course of training.

Lectures and classes are provided in fourteen of these schools.

The majority give no allowance while others give from six dollars to fifteen dollars per month.

The length of the courses varies from ten weeks to nine months; the hours for duty vary from eight hours daily in one to twelve hours in six.

Nine conduct examinations and twelve give either a certificate or diploma at the end of the course.

Twelve have permanent graduate nurses in charge of the wards.

These hospitals specialize usually in one branch of work, such as obstetrics, eye and ear diseases, surgery, orthopædics, gynecology, and summer diseases of infants and children.

We find certain unique features in connection with some of these hospitals, such as the training of nursery-maids, classes for mothers in the care of their children and preparation of food, as conducted in the *Infants' and Floating Hospitals of Boston* and the *Thomas Wilson Sanitarium, Maryland*.

It will be seen, after listening to these somewhat wearisome statistics, that very little is being done in the general hospital towards establishing a systematic course of study for the graduate nurse.

In the so-called special hospital we find some well-arranged courses, and these are certainly of great value to nurses who feel the necessity of additional training in special branches, but they only meet the demand in a limited way.

There seems to be a conspicuous lack of uniformity in details of the courses in both kinds of hospitals. This may be necessary, as the work must be done in different places in different ways. Yet it seems that in a special hospital conducting a post-graduate school that certain salient features could be made more uniform, such as the questions of allowances, lectures, classes, demonstrations, examinations, system of marking, granting of certificates or diplomas, and the hours for duty.

We find in one no allowance, in another as much as twenty dollars per month; in one no provision for class work, no lectures, and no examinations, yet a certificate is given; in one, eight hours daily duty and in the large majority twelve hours.

In the general hospital where no claim is made towards conducting a graduate course of study and where the nurse is allowed unsolicited to return for a general "freshening," it could hardly be expected to be otherwise than shown in many of the hospitals reported.

It is not the object of this paper to underrate or criticise the work being done in the general hospital giving irregular post-graduate work or the special hospital giving an organized course. Much good work has

been done in both places, and many nurses have been benefited by taking advantage of these post-graduate opportunities, but after careful study of these returned schedules we feel that much too little is being done, and that it does not meet the greatest need in the nursing world.

#### IS THERE A REAL NEED FOR POST-GRADUATE STUDY?

By the individual who is interested in nurses and their various kinds of work, the management of registries, the organization of alumnae and State associations, the answer would certainly be in the affirmative.

If we are a profession, then surely there is an absolute necessity for advanced study. If we wish to see this profession placed on a strong basis, then we must be strong as a body in the fundamental principles underlying our work. If we attempt to take a position in the front ranks of the progressive movements of the age and, what is more important, stay there, we must as individuals be thoroughly prepared, and this can only be done by courses of study which have been organized on a permanent educational basis. To those of us who manage registries we find a great demand for the "recent" graduate by the physician and the public. Indeed, it is frequently difficult to obtain work for the graduate of ten or fifteen years ago. The criticism is usually that she is "old-fashioned," "slow," and "behind the times," whereas the recent graduate is "up to date" and understands all the principles of modern surgery, is quick and not so "set" as the older graduate; these and many others are the criticisms made and reasons given for desiring the recent graduate. We too often, alas! see the older graduate standing still perfectly satisfied with her own ways, unwilling to join the alumnae association or the State societies, taking no interest in State registration, and even refusing to subscribe for *THE AMERICAN JOURNAL OF NURSING*. She complains that the registry treats her unjustly and that the recent graduate is given the preference. Call her attention to the advances made in medicine and nursing in recent years, and suggest that she could take her place with the recent graduate if she were to pursue a course of study in some of the post-graduate schools, and you have offered her the deepest injury.

Compare this condition with that existing in the medical profession and we find the situation reversed; it is not the recent graduate who is preferred, it is the man of years of experience and mature judgment. Contrast the average physician with her. He haunts the operating-rooms and wards of accessible hospitals, he grasps every opportunity to visit the great centres of his profession, the local and State medical meetings are well attended, and his office and library table are well filled with medical journals and periodicals. To be able to keep up in this age of

competition, the physician must grasp every opportunity for a wider knowledge. The nurse needs to do the same. Because she graduated fifteen years ago should not stand in her way of taking first place in whatever line of nurses' work she elects to pursue.

Those of us, as the heads of hospitals or training-schools, who are struggling to secure competent assistants and head nurses feel, perhaps more than anyone else, the need of a post-graduate course of work where the graduate can secure an "all-around" training in practical hospital housekeeping, which should include the various housekeeping departments, such as kitchen and laundry, storerooms, linen-rooms, even such practical details as the cutting and making of hospital garments, the ordering of all kinds of supplies, domestic, surgical, and pharmacy, and something of the business management of such an institution. Such training will not only fill the need now felt by the graduate herself, but would secure to hospitals an opportunity to fill their positions with prepared women. These reasons alone, without considering any others, are sufficient to show the pressing need of well-arranged, systematic courses of post-graduate study.

The next point to consider is the demand for such work.

It is noticeable in these general and special hospitals that the number of applicants for such work and study is constantly increasing. It is an exceedingly gratifying indication and goes to prove that the graduate nurse of to-day is alive to the necessity for action in this direction. This is unquestionably the result of the progressive movements in the nursing world, the advances in scientific medicine, and the demand for only the best by physicians and an exacting public.

The motives which prompt a nurse to undertake a post-graduate course of work are manifold. It may be because her practical training, even in the largest and best schools, has been limited to two branches, medical and surgical nursing, or she may be a graduate from a very small school with few opportunities or chances for experience, or she may have spent the larger part of her time doing private nursing for the hospital. She may wish to push her investigations further and add to her fund of knowledge simply for the love of it. It is possible that she desires to fit herself for institutional work and has tried the position of head nurse in her own hospital, and that this experience has developed a wish for a broader knowledge, and she tries some of the post-graduate courses open to her, hoping to find what she wants. Given the desire for advanced post-graduate study on the part of a nurse, no matter what the motive may be which started the impulse,—we will infer that it is of the highest order,—*is she going to find in any general hospital in America which offers a post-graduate course of study and practical work one which will answer*

*her purpose?* Is she going to find a clearly defined course of practical work, with corresponding lectures and classes under careful supervision and capable instructors in the special branches she desires, or in practical hospital housekeeping and administration, such as outlined earlier in this paper, or is she going to a hospital to go on duty at seven A.M. to stay on till seven P.M., doing the ward scrubbing in addition to the actual care of the patient? Is this the kind of work the graduate nurse needs? It is certainly not what she desires. We see her being used too often for the benefit of the hospital to fill in gaps or help out during vacations. Even if the motives and ideals of the graduates are not always of the highest, or she is unbusinesslike in her methods, objects to criticism, and is lacking in many other directions, is there not something to be said on her side as well.

The principal criticism made by those who are attempting the management of such courses of study is the great lack of uniformity in the applicants. This will always exist as long as the country is filled with small hospitals conducting training-schools, using the nurse frequently as a means of revenue, and often compelled to admit women of inferior education from necessity, sending them out at the end of two years untrained, untaught, and undisciplined. The adoption of a uniform curriculum, the inauguration of State board examinations and registration, the exchange system and affiliations of schools, and the preparatory course may in time correct this condition, but for the present it exists and must be met.

We find established in all the leading colleges (and many of the smaller ones) and professional schools well arranged courses for post-graduate study. These are generally conducted at great expense, instructors being constantly employed whether there are many students or only one. For this reason it is generally conceded that the larger and richer university is in a better position for such work than the smaller college. It has also been found where the graduate work has been in connection with undergraduate work, or instructors are called upon to duplicate their teaching, that sooner or later the effect is felt and shown, either in the work of the graduate or that of the pupil. We find matriculation, tuition, laboratory, and graduating fees charged with living expenses additional. In the majority scholarships and fellowships are provided for and large libraries are accessible.

Judging from the experiences gained in the smaller college relative to conducting post-graduate courses of study, it certainly does not seem wise to undertake such a course in our smaller general hospitals under the present existing conditions.

The object of these investigations was to secure all the existing in-

formation relative to post-graduate study in America in training-schools for nurses and put it into such form as to be of value to those who might wish to pursue advanced work or study, and not to suggest means by which a course could be satisfactorily arranged. It is also far beyond the ability of the writer to solve this knotty problem.

Owing to the small amount of information obtained it has been impossible to arrange a table that would be of the slightest assistance to anyone.

An effort has been made to show the necessity for post-graduate work, also the demand on the part of the graduate nurses for such instruction. If this demand is sufficiently pressing to encourage some of our largest and best general hospitals and training-schools to arrange special courses of post-graduate work with corresponding theory to meet the several needs, previously mentioned, it seems the only practical solution to the problem, the applicant to pay a fee and living expenses, possibly live outside of the hospital, and not to be included in the nursing force.

Such a course would necessarily mean expense, which would be partially or perhaps entirely covered by the fees, as additional instructors and material would be necessary.

Unless such a course was endowed, it would not be practical for a hospital to undertake such a responsibility without an assured number of post-graduates yearly.

The teachers' course at Columbia College fills one long-felt want, but it is decidedly limited, as it does not prepare a nurse for the practical management of a hospital or a training-school, and although it may make a better teacher of her and prepare her theoretically, it cannot give her the technical training. Therefore it does not seem unreasonable to presume that its scope could be enlarged to include practical training and act as a "feeder" for hospitals willing to arrange the post-graduate courses herein suggested. There is nothing new or original in these meagre suggestions, and it is with considerable modesty that they are advanced at all, but it is hoped that the question will be taken up seriously by those better able to manage such important questions. It might be possible to appoint a special committee to investigate ways and means and finally arrange for a post-graduate course of study that would satisfy the most critical and fill this long-felt desire of the graduate nurse.



## REPORT OF THE CHAIRMAN OF THE COMMITTEE ON REVISION OF THE CONSTITUTION AND BY-LAWS.

[Miss ANNIE W. GOOSEBICH presented the report of the Committee on the Revision of the Constitution and By-laws, a copy of which will be mailed to each member in due time and the suggested changes will be fully discussed at the next meeting before adoption. This is a subject to which every member should give careful consideration.—Ed.]

### ARTICLE I.—NAME.

(Amend by striking out "American Society of Superintendents of Training-Schools" to read as follows:)

"This organization shall be known as the American Nurses' Educational Association."

### ARTICLE II.—OBJECT.

(Complete revision to read as follows:)

"The object of this association shall be to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by coöperation with other educational bodies, philanthropic and social; to promote by meetings, papers, and discussions cordial professional relations and fellowship; and in all ways to develop and maintain the highest ideals in the nursing profession."

### ARTICLE III.—MEMBERS.

(Amend by inserting "Associate" to read as follows:)

"There shall be three classes of members:

- "(1) Active.
- "(2) Associate.
- "(3) Honorary."

### ARTICLE IV.—CLASSES OF MEMBERS.

(Revision of first photograph to include active and associate members, to read as follows:)

"Active members of the association shall include members of the preliminary organization, all past superintendents who were members while holding that position, all present superintendents of schools of nursing, superintendents of hospitals, superintendents of special educational departments of nursing, and associate members if qualified as specified in the by-laws and acceptable to the association."

"Associate members shall include all school instructors and heads of special departments of nursing work, if qualified as specified in the by-laws and acceptable to the association. They shall be eligible for such membership during the time they are holding such appointments.

"Honorary members shall be those of whom the association wishes to signify its appreciation and hold in grateful remembrance for signal service to the profession or to humanity."

#### **BY-LAWS.**

##### **ARTICLE II.—MEMBERSHIP QUALIFICATIONS.**

(Paragraphs 1, 2, and 3 completely revised.)

"Active members shall be graduates of training-schools connected with general hospitals giving not less than a two-years' course of training in the wards of the hospital, or whose experience gained by post-graduate or other additional school work might justly be considered its equivalent. They must be endorsed by two members.

"Associate members who have held office for not less than three consecutive years and been members of the association for the same length of time may become active members by the unanimous vote of the members present at any regular meeting, their names having been duly considered by the council and proposed in writing by three active members. Associate members shall have the same qualifications and endorsements as active members, and shall be entitled to the same privileges in vote and debate."

(Paragraph 4 amended to include candidates for associate membership.)

"Every candidate for admission to membership, both active and associate, shall make application to the president for a blank form which she shall fill out and return, to be sent by the president to the council for consideration. Final action by the council shall be taken at the council meeting immediately previous to the annual meeting, and the names of all candidates with recommendation of the council thereon shall be presented to the association for action at the annual meeting."

(Paragraph 6 amended to read as follows:)

"Proposals for honorary membership shall be signed by three active members and shall be presented at an annual meeting. The election shall be unanimous."

##### **ARTICLE III.—FEES AND ASSESSMENTS.**

(Amended to read as follows:)

"The initiation fees for both active and associate members shall be two dollars and the annual dues three dollars, payable on January 1 of

each year. Any member who shall fail to pay her annual dues by April 1 shall receive special notice from the treasurer, and if the dues are not paid within three months from that date she shall be regarded as having resigned her membership unless such dues shall have been remitted by the council for good and sufficient reasons.

#### ARTICLE IV.—WITHDRAWAL.

(Amended by striking out paragraph 2, this having been embodied in the previous article.)

#### ARTICLE V.—ELECTION OF OFFICERS.

(Amended to read as follows:)

"A Nominating Committee of three shall be appointed by the president before the close of the first session of the annual meeting. This committee shall select at least two names for each office to be filled and shall present them to the association at the first session on the following day, the election to take place before the close of the last session.

"The person who shall receive a two-thirds vote shall be declared to be elected to the office for which she has been nominated."

#### ARTICLE VI.

(Amended by striking out paragraph 1 and inserting "president" at the beginning of paragraph 2, to read as follows:)

"The president, secretary, and treasurer are eligible for reelection."

(And the insertion of the following paragraph:)

"Two councillors shall be elected for three years and one auditor for two years."

(Paragraph 3 amended by striking out "and councillors," to read:)

"All officers shall enter upon their duties upon the ending of the present convention. When any vacancies occur in any of the offices of the society they shall be filled by the council until the next annual meeting."

#### ARTICLE VIII.—DUTIES OF OFFICERS.

(Amended by striking out last three paragraphs concerning the duties of the council.)

#### ARTICLE IX.—COUNCIL.

(The duties of the council to read as follows:)

"The council is empowered to manage all the affairs of the association, subject to the constitution and by-laws; to appoint committees from the membership of the association, and spend money out of its

surplus funds for special investigations in matters pertaining to the objects of the association, and to publish reports of such investigations. The council may also engage in the regular publication of reports, papers, transactions, and other matters in an annual volume, or in such manner and at such time as it may determine, with the approval of the association.

"The council shall keep a careful record of its proceedings and make an annual report. All arrangements for the annual meetings shall be made by the council; it shall also determine the order of business for each annual meeting and have the same printed for the use of the members during the sessions."

ARTICLE X.

(Former Article IX. unchanged.)

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**REPORT OF THE SECRETARY OF THE AMERICAN  
SOCIETY OF SUPERINTENDENTS OF TRAINING-  
SCHOOLS FOR NURSES**

THE eleventh annual convention of the American Society of Superintendents of Training-Schools for Nurses was held at Washington, D. C., May 1, 2, and 3. Following the plan, which had proved so satisfactory at Pittsburg, of holding the meetings of the convention in the hotel serving as headquarters for members of the society, the Shoreham Hotel was selected for this purpose, and the meetings were held in its Assembly-Room. In response to a desire expressed by many members of the society, evening sessions were arranged for in order that the afternoons might be left free for visiting the many places of interest in Washington, which can only be seen to advantage in the daytime. The attendance at all sessions of the convention was unusually large. The papers were of a very high order of excellence, the discussions spirited and interesting.

The first session was called to order on Monday, May 1, at ten A.M., the president, Miss Georgia M. Nevins, in the chair. The invocation by the Rev. U. G. B. Pierce, of All Souls' Church, was followed by an address of welcome from President Needham, of the George Washington University. Dr. Needham spoke of nursing as one of the oldest of the professions. He showed how it had been affected by the advance in medicine, and how in turn medicine was affected by the improvements in nursing. He called attention to the growing tendency to return to

natural forces to aid nature when stricken with disease, and commented on the very necessary and important work of the nurse in this direction, stating that the nurse's work is the foundation upon which the treatment rests. She must understand the workings of nature and the needs of nature. He commented with great approval upon the careful study, which is the growing feature of our best schools, of domestic science and the properties and preparation of food. He spoke of the truly great opportunities of the nurse for the prevention of disease: her work, he said, lies in "pressing back ignorance." He said it was indeed a glorious profession, in which one might look for no material advantage, no wealth, no fame, no great reputation, simply the chance of doing well what one could do. He welcomed the members present to the "aristocracy of labor and to the nobility of knowledge."

The response to this address was made by Miss Lucy Drown, superintendent of nurses of the Boston City Hospital, Boston, Mass.

In the address of the president, which followed, a brief outline of the history of the society was given and attention called to the excellent work which it had accomplished since its formation in Chicago in the year 1903. The president referred in particular to the establishment of the Course in Hospital Economics at Teachers College, which has proved so valuable and which so urgently needs an endowment to place it upon a stable basis, and expressed the hope that another year might see this firmly and permanently established.

The council reported a phenomenally prosperous year in the work of the society. In order to carry on the work it had been necessary for the council to hold three meetings. The committees, both standing and special, had carried on their work with much zeal and energy. Eighty-three applications for membership had been received during the year, of which seventy-one had been approved by the council and would be presented for election. Letters of resignation were read and accepted with regret from Miss Annie McDowell, Miss Ida Sutcliffe, Miss Ada Taylor, and Miss C. Louise Burdett (now Mrs. H. M. Taylor). Letters were read from the Chamber of Commerce in Buffalo and from the Cincinnati League of Cincinnati asking the society to hold its next convention in these cities.

The secretary reported a great increase of work and correspondence, which had rendered much clerical aid necessary. A good deal of interest was shown by outsiders in the work of the society, especially in the requests from public libraries for copies of our "Transactions."

The report of the Publication Committee, which followed, showed an increase in the expense of publishing reports, owing to the demand above referred to, and also to the fact that the importance of the

society and its work seemed to require a more presentable report of these "Transactions." The chairman of this committee reported a large number of copies of the "Transactions" which could be supplied to new members desiring them at a cost of one dollar on application to the secretary. As a result of the action taken in reference to the Buffalo Congress Reports last year, the committee reported a sale of twenty-eight copies through the Superintendents' Society by Miss Alline. Attention was called to the fact that the publisher of these reports has on hand at the present date five hundred and eighty-seven cloth-bound copies and two thousand paper-covered copies. The committee would urge the purchase of this valuable report upon all new members as a publication of much historical interest and value.

The treasurer's report showed the finances of the society in a satisfactory condition, notwithstanding the heavy expenses of the year.

The Committee on Legislation did not report.

The Committee on Education reported that the members had met in New York early in the year and outlined their plan of work. Desiring to make a searching and comprehensive study of present conditions, it was decided to divide the subject into several branches, assigning a definite branch to each member. The work as outlined asked for careful reports upon the following themes: "Nurses' Homes and School Buildings," "Training-School Libraries," "Scholarships and Tuition Fees," "Salaried Instructors," "Methods of Teaching," and "Preparatory and Post-Graduate Instruction." Forms asking for detailed information were sent out to about five hundred schools, and answers have been received altogether from nearly three hundred. As the work involved in studying, tabulating, and summarizing these statistics proved to be very great, the committee has not been able to complete the report, which we have hoped will serve as a foundation for future records. A paper has, however, been prepared by each member of the committee treating of that part of the subject assigned to her, and these papers are to be presented here as a part of the programme of this convention.

The reading of papers followed, and the subject of "Nurses' Homes and School Buildings" was presented by Miss Mary Gilmour, New York City Hospital, Blackwell's Island, N. Y. In this very interesting paper and in the discussions which followed it was evident that the ideas in regard to nurses' homes are undergoing much transformation, and that single rooms for students, suitable class- and study-rooms, and the other requisites of school buildings will soon be considered a necessity. The magnificent new school buildings of the Presbyterian Hospital, New York City, and the Boston City Hospital, in Boston, were referred to as examples of what may be achieved in this direction.

A paper on "Economy in Hospital Work," by Miss Mary A. Samuel, of the Roosevelt Hospital, New York City, followed. This important subject was presented in a very suggestive way by Miss Samuel, showing the many avenues of waste in various departments of hospital service and the need for expert, vigilant supervision and administration of every department to insure the proper use of supplies and materials. The subject was one which aroused intense interest and enthusiasm, and the discussions showed the general consensus of opinion to be that by far the greatest waste was generally to be found in the use of medical and surgical supplies and appliances, over which the nurses had little if any control.

The afternoon session began with papers on "Training-School Libraries," "Scholarships, Loan Funds, Tuition Fees," which were carefully written by Miss Anna L. Alline, instructor in hospital economics, Teachers College, Columbia University. The papers showed the beginning of libraries, both of general literature and of professional, in many of our training-schools, and outlined the methods of establishing scholarships in the few schools into which they have been introduced.

Miss Annie W. Goodrich, of the New York Hospital, presented a most instructive summary of the results at the present date of the introduction of salaried instruction into training-schools. It was gratifying to find how many of our training-schools are now paying for instruction in subjects in which the teaching for many years has been gratuitous, and to find how greatly the teaching had improved, and how much more satisfactorily the work was carried on under this system.

A paper on "Preparatory Instruction," by Miss M. A. Nutting, superintendent of nurses of the Johns Hopkins Hospital, Baltimore, showed that within the four years since this method was introduced into this country it had become a feature of the systems of instruction in about thirty-five training-schools; this successful development in or in connection with these schools pointing the way to still farther improvements in nursing education.

The meeting on the second day opened with the election of seventy-one new members.

The report of Miss Banfield, chairman of the Hospital Economics Committee, showed that the work of the students at the college had been carried on during the year without any marked change, and that the finances were in an unusually satisfactory condition; she called attention, however, to the necessity for placing this course of study on a permanent and stable basis, and urged the interest of the members in a circular which had been prepared giving the history of the work and outlining its needs. The circular appealed for means to establish an Endow-

ment Fund, but particularly for a Guarantee Fund, which would enable them to carry on the work for the next five years. Much interest was aroused by the statement that Miss Grace Dodge, who has done so much for Barnard College, has contributed one hundred dollars a year for the next five years to this course. In concluding her report Miss Banfield stated that she had formally resigned at the beginning of the year, feeling unable to carry on the work. At the request of the other members of the committee she had been induced to remain another year, and again repeated her desire to be relieved of her duties not only because of the press of other matters, but because she felt that the interest in the work should be more widely distributed. On motion Miss Banfield's resignation was accepted with much regret and with many expressions of appreciation of her valuable services during the past four years. Miss Annie W. Goodrich, of the New York Hospital, was elected chairman of this committee in her place.

The Committee on the Constitution read the proposed amendments, prepared at the request of the council, which were ordered printed and distributed to the members to be voted on at the next annual meeting.

The Committee on Incorporation presented a report showing the feasibility of incorporating without great delay or cost. On motion it was decided to instruct the committee to proceed further with the matter.

The morning session closed, and the evening session opened by a brief statement from Mrs. D. R. Kinney, the Superintendent of Army Nurses, in reference to the eligible volunteer list, which she had for some months been trying to establish. Mrs. Kinney stated that in response to the appeal which had been sent out from the Surgeon-General's office to the various schools and alumnae associations throughout the country asking for names of those ready to serve their country in time of war or other emergencies, but twelve applications had been received. In view of the great need for such an emergency list and in order to avoid a repetition of former difficulties and troubles Mrs. Kinney urged upon the members present to aid her in this matter to the fullest extent of their powers.

Miss Mary L. Keith, superintendent of nurses, Rochester Hospital, followed in a paper on the "Introduction of District Nursing into the Training-School Curriculum." Miss Keith spoke clearly and forcibly from the standpoint of one who after considerable experience has found the measure unsatisfactory and is therefore unable to approve of it. In the prolonged and interesting discussion which followed Miss Keith's paper the conclusion seemed to be reached that the full three years were required for the training of nurses within the hospital and under con-

stant supervision; that to supervise properly the work of the pupil nurse in the homes of the poor was an extremely difficult matter to accomplish in any satisfactory way; also, that it added greatly to the duties and responsibilities of the superintendent of nurses, who already has about as much as she can do well to supervise properly the entire system of nursing work within the hospital, and to handle as well the affairs of the training-school. It was also stated that district nursing was a work of extreme importance, requiring as complete and careful a training as any other branch of nursing, in addition to a very special fitness and adaptability for this work, which few pupils possess; and that, finally, it was no more right to send nurses out to learn conditions in the homes of the poor than in the homes of the rich.

A most excellent study of the "Present Status of Educational Methods" was presented by Miss Mary M. Riddle, superintendent of nurses of the Newton Hospital, Newton, Mass. The paper showed many interesting advances of late years, but made it clear that we have much work before us in our efforts to reach the desired degree of uniformity of methods in training-schools.

The last paper of this session was on the subject of "Post-Graduate Instruction," by Miss Clara D. Noyes, superintendent of St. Luke's Hospital, New Bedford, Mass. From Miss Noyes's researches it was very clear that almost nothing in the way of definite post-graduate instruction is to be found in our training-schools. It was shown that the demand for such instruction was large and constantly increasing, and that the very natural wish of nurses to obtain further or special instruction after graduating should be in some way gratified. An interesting outline of a possible post-graduate course was suggested.

The programme closed with this paper, and the president announced that the society would hold its next meeting in New York in May, 1906. The president-elect, Miss Annie W. Goodrich, of the New York Hospital, was here introduced and briefly expressed her appreciation of the honor conferred upon her, and asked the assistance and coöperation of all the members in carrying on for the coming year the important work of the society. She extended to all a most hearty welcome to the convention in New York next year. With many expressions of appreciation and the usual hearty vote of thanks, the meeting adjourned.

At the special request of many members the entertainments at this convention were fewer in number than usual, but they were of the most delightful character and were thoroughly enjoyed by all present. On Tuesday afternoon the Ladies' Committee of the Garfield Hospital gave a very pleasant "tea" in the hospital to the members of the Superintendents' Society, which was largely attended. On Wednesday evening the

Graduate Nurses of the City of Washington gave a reception to the American Federation of Nurses in the Banquet-Room of the Hotel Shoreham. The rooms were beautifully decorated. There was excellent music, and the proverbial Southern hospitality was a characteristic of this entertainment, and of all other arrangements made for the pleasure of the visitors.

On Tuesday an invitation was received from the Spanish-American War Nurses to the unveiling at Arlington of the monument to those nurses who died in the service of their country. The regret was universal that this ceremony had been arranged to take place at a time which rendered it impossible for the members of the society to be present to pay the tribute of reverence and respect which they desired to offer upon such an occasion.

The following officers of the society are elected for the coming year:

President, Miss Annie W. Goodrich, the New York Hospital; first vice-president, Miss Georgia M. Nevins, Garfield Hospital, Washington; second vice-president, Miss Helena McMillan, the Presbyterian Hospital, Chicago, Ill.; secretary, Miss M. A. Nutting, Johns Hopkins Hospital, Baltimore, Md.; treasurer, Miss Anna L. Alline, Teachers College, N. Y.; councillors—Miss Jane Delano, Bellevue Hospital, N. Y.; Miss Lucy Walker, the Pennsylvania Hospital, Philadelphia, Pa.; auditors—Miss Hall and Mrs. D. H. Kinney, Superintendent Army Nurses.

M. ADELAIDE NUTTING, Secretary.

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## **SPECIAL CURRICULUM IN HOSPITAL ECONOMICS**

### **TEACHERS COLLEGE, COLUMBIA UNIVERSITY**

**MORNINGSIDE HEIGHTS, NEW YORK, N. Y.**

**1905-1906**

#### **ADMISSION—GENERAL REGULATIONS.**

1. It is desired that all applications be made during the spring and early summer. For application papers apply to the chairman of the Board of Examiners, through Miss A. L. Alline, Teachers College, New York.

2. Each candidate must present to the college a recommendation for admission from the Board of Examiners, certifying to her moral character and her qualifications for undertaking professional work.

3. No candidate can be admitted who is not in good physical condition.

4. Students admitted to any class are held on probation until the end of the first half-year. Any student who fails to pass in at least one-half of her work during this period of probation will be dropped from the roll of the college.

5. Registration begins one week before the opening of the academic year. Students are required to present themselves for registration not later than the Tuesday preceding the opening day, which falls annually on Wednesday. Enrolment at a later date is permitted only to those who obtain the consent of the appropriate committee, good cause for the delay having been shown, and who pay an additional fee of five dollars. The presence of all students is required on the day immediately following the close of all vacations and recesses.

6. All matriculated students in the Hospital Economics Course are under the charge of the faculty Committee on Programme of Studies. At the time of registration each student must file with the register a list of studies for the year, approved by this committee of the faculty. No change will be permitted in such registered lists except with the consent of the committee, and no credit will be allowed for any course not approved and registered in this manner.

#### CURRICULUM.

##### Required (12 points):

- EDUCATION A—General and educational psychology—6 points.
- HOSPITAL ECONOMICS 1-2—Methods and practice—2 points.
- HOSPITAL ECONOMICS 3-4—Hospital and training-school organization and supervision—4 points.

##### Elective (18-24 points): The following courses are recommended:

- BIOLOGY 8—Bacteriology—2 points.
- BIOLOGY 9-10—Human Physiology—4 points.
- DOMESTIC SCIENCE 1-2—Foods—4 points.
- DOMESTIC SCIENCE 3-4—Food production and manufacture—4 points.
- DOMESTIC SCIENCE 5-6—Household chemistry—4 points.
- DOMESTIC SCIENCE 7-8—Foods, advanced course, dietetics—4 points.
- DOMESTIC SCIENCE 9-10—Household mechanics and sanitation—4 points.
- HISTORY 3-4—Economic and social history of the United States—4 points.

Other courses may be elected with the permission of the head of the department.

In this circular the credit given for courses is scheduled in points, one point representing one hour of class work per week throughout one half-year. Two hours of practical work, as in shop, laboratory, or school-room, count as one hour of class work.

Students who can satisfy the requirements in any subject may, with

the approval of the dean and the head of department concerned, elect other subjects of equal credit in any department of the college.

Further general information concerning Teachers College is contained in the general "Announcement," a copy of which will be sent on application to the secretary of the college.

#### FEE AND EXPENSES.

The fees of the college are as follows:

##### *For matriculation:*

Required of all students on first entering the University; paid but once. (For late registration, see General Regulations) . . . \$ 5

*For tuition* (per annum) . . . . . 150

##### *Laboratory fees:*

Students who take laboratory courses will be required to pay the special fees for supplies and materials stated in connection with the several courses.

##### *For use of gymnasium:*

Teachers College gymnasium . . . . . 5

This fee entitles the student to a physical examination, a locker, and the free use of the gymnasium and the baths, including all necessary laundry service. It is required of all students who are not excused because of physical disability.

##### *For examination and graduation:*

For examinations at unusual times . . . . . 5

For any diploma . . . . . 5

#### REGULATIONS FOR PAYMENT.

Fees must be paid, at the office of the cashier of Teachers College, in accordance with the following regulations. The college gives no other notice of the time when bills are due.

The matriculation fee must be paid at the time of registration, before any official record of a student's work can be made. Examination fees must be paid before examination.

All fees amounting to more than fifty dollars for the entire year must be paid in two equal portions: for the first half-year, on or before the last Saturday in October; for the second half-year, on or before the third Saturday in February.

Students' entire expenses have been found to vary from \$375 to \$614 and upwards, averaging about \$500.

#### RESIDENCE.

A hall of residence for the women students of Columbia University, known as Whittier Hall, erected by the Morningside Realty Company at an expense of over one million dollars, its administration vested in the

dean of Teachers College, adjoins the college on the east. It is a handsome fireproof building, ten stories in height, specially designed and constructed for students' use. Every room is outside, and the arrangement is such that rooms may be rented singly or in suites of two or three. There is also a limited number of suites consisting of two rooms and private bath. The building is heated by steam and lighted by electricity. There is complete telephone and elevator service, a system of shower, needle, and tub baths on each floor, and a steam laundry equipped with all the modern machinery. The public parlors and reception-rooms are on the main floor, and there is also a small sitting-room on each of the upper floors. The dining-room and restaurant are on the ninth floor and command extensive views over the city and the North and East Rivers. In addition to Whittier Hall, there are also a number of apartments, consisting of seven and eight rooms and bath, in The Lowell and The Emerson, the two end sections of the building, which are fitted for housekeeping and may be occupied by families. The entrances to the apartments are entirely separate from those to Whittier Hall. The head of the hall is a woman familiar with the needs of college students; she is aided by a corps of competent assistants, among them a nurse who gives whatever attention is required by residents in case of slight illnesses. The director of Teachers College also resides in the hall and has a part in directing its social life.

The prices for furnished rooms, including board and laundry, are as follows:

Single rooms .....	\$200-400
Study and bedroom .....	400-540
Two rooms and bath .....	600-800
Two rooms and study .....	750-940

These rates are for the academic year beginning September 30, 1905, and closing June 14, 1906, and are payable in ten instalments, viz.: three-tenths upon entrance, and one-tenth upon the first of each month thereafter until paid. No deduction is made for absence during the year, but in case of withdrawal one-half rates will be charged from the time the key is given up until the room is rented again.

A deposit of ten dollars is required of all applicants, and is retained until the end of the academic year, when it is returned less the amount assessed for any damages to room or furniture.

A descriptive circular with diagrams will be sent to any address on application to the secretary of Whittier Hall, 1230 Amsterdam Avenue, New York City, or to the secretary of Teachers College.

Lists of other boarding and lodging places are on file at the office of the directress of the college, who is prepared to give advice as to desirable accommodations or rooms.

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## THE PORTLAND CONFERENCE JOURNEY FROM NEW YORK

THE New York party will start on Monday, July 10, at ten-twenty-five A.M., by the Lehigh Valley and Grand Trunk Railroads to Chicago. If twenty or more berths are sold in advance, a through Pullman, New York to Portland, will be provided. Passengers will have about three hours in Chicago, where their car will be joined to those going over the Chicago Great Western to St. Paul. The dining-car arrangements on the L. V. and G. T. roads are *a la carte*. The roads are excellent ones. The advantage of the through-car arrangement is so great that it is worth while to make considerable effort to effect it.

People from neighboring States, Connecticut, Pennsylvania, New Jersey, etc., will take the train at New York or join it along the road.

The programme is very full and interesting, and there is promise of splendid attendance. Hotel accommodations will be ample and the rates will be strictly moderate. The prevailing rate for accommodations in European hotels and private houses will be \$0.75 to \$1.50 a day for rooms only. In boarding-houses and hotels from \$2 to \$3 per day will be required. The Hotel Portland, which is the best hotel on the coast and one of the best in the country, will be headquarters, and intending delegates will do well to write to the Hotel Committee soon and secure rooms if they wish to stay at the headquarters hotel. Address W. T. Gardiner, chairman Hotel Committee, Portland.

A careful estimate has been made of the actual necessary cost of the trip, including railway ticket with privilege of return by different route, sleeping-car fare (two people in a berth), meals on the dining-car, and ten days accommodation in Portland, and it is calculated that the total expenses does not need to exceed \$75.25 from St. Paul, \$88.75 from St. Louis, and \$92.50 from Chicago. These rates are based upon accommodations in standard Pullman sleepers, two persons in a berth, and meals on the diners going. This does not include berth or meals on the return journey.

To make so long a trip agreeable and successful the members must travel together, so a Conference route has been planned. While east of Chicago no definite line has been decided upon, it is certain that dele-

gates will get together in New York and another group of them perhaps in Boston and travel together to the general rendezvous at Chicago or St. Paul. From Chicago the route is by the Chicago Great Western and from St. Paul by the Northern Pacific. These are two of the best roads in the country and their appointments first class in every respect. Coming back the passengers may choose another route, but the choice must be made when buying the ticket in the first instance.

By paying \$11 extra passengers may return by the way of San Francisco. Ten dollars will provide for travelling over the Canadian Pacific. It is proposed to arrive at St. Paul on Wednesday morning, July 12, leaving on the evening train to arrive in Portland on Saturday.

The Eastern contingent will be met in Chicago by a committee of the Bureau of Charities, headed by Mr. Bicknell, who will have made the arrangement for sleepers, etc.

Railroad rates without sleepers and dining-car are for the round trip as follows: From St. Paul, \$45.00; St. Louis, \$52.50; Chicago, \$56.50; New York City, \$85.30; Philadelphia, \$85.70; Washington, \$83.20; Boston (Soo Line), \$85.30.

Baggage may be checked through or to any stopover point either going or returning.

Rubbers and umbrellas are always necessary on the Pacific Coast and fairly warm clothing for travelling in the high mountain region is comfortable.

Check all you can and carry as hand baggage as little as possible.

#### HOW TO JOIN THIS SPECIALLY CONDUCTED EXCURSION.

Correspond with the following:

At New York, the general secretary, Alexander Johnson, 105 East Twenty-second Street.

At Washington, Mr. Charles F. Weller, 811 G Street, N. W.

At Philadelphia, Miss Mary E. Richmond, Eleventh and Walnut Streets.

At Buffalo, Mr. Frederic Almy, 165 Swan Street.

At Indianapolis, Mr. Amos W. Butler, secretary Board of State Charities.

In Michigan, Mr. E. C. Storrs, Lansing.

At Cincinnati, Mr. Charles M. Hubbard, secretary Associated Charities.

In Kentucky, Mr. George L. Schon, superintendent Children's Home Society, Louisville.

At Boston, Miss A. L. Higgins, 43 Hawkins Street.

At Chicago, Mr. E. P. Bicknell, 79 Dearborn Street.

At St. Louis, Mr. W. H. McClain, 1623 Washington Avenue.

At St. Paul, Mr. A. W. Gutridge, 801 Globe Building.

To secure berths fifty per cent. of the Pullman car fare must be sent in advance.

It is requested that all nurses who are planning to attend the conference will notify Mrs. Trumbull, 821 Corbett Street, Portland. The nurses in Portland are anxious to know how many to expect.

Those wishing to secure rooms in Portland during the conference may address Mrs. Trumbull. She has kindly offered to assist any in this way. Make early application, as Portland is to be very full this summer and it will be difficult to secure comfortable places at a late date; also write to

JANE ELIZABETH HITCHCOCK,  
Chairman Visiting Nurse Committee,  
265 Henry Street, New York City.



## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

[In view of the discussion on district nursing at the convention in Washington, and of the prominence that is to be given the subject at the coming Portland Conference, the letter given below from Mr. Glenn, addressed to Miss Hitchcock, is especially interesting. Mr. Glenn says:]

"I FIND persons working among the needy who have had special training in special lines, but do not understand clearly what a thorough investigation of the conditions and relations of families means. They imagine that when they have discovered whether or not a family needs material relief, of one sort or another, the investigation is complete. Poverty appeals to their pity and material relief seems to them to be the remedy. The present need blots out the view of future consequences. Teachers are satisfied with giving material relief and securing attendance at school; physicians, with material relief plus medical advice to any family or individuals who are sick; district nurses, with material relief, including sick diet, plus good nursing and instruction as to care of patients and the spread of infection. Similarly with the police, except that they prescribe nothing but material relief and do not even know, as a rule, the extent and nature of the material need of the family.

"Many persons lack appreciation of the importance of looking at the family as a whole, of inquiring into all its needs and the needs of each of its individuals, whether physical, mental, moral, or spiritual, of finding out how those needs can be supplied, if possible, without appealing to organizations and individuals who are strangers to the family, and of making every kind of aid a means of increasing independence and self-respect and of strengthening natural ties of responsibility as far as possible. There is also a failure to see the social point of view, to consider the relation of a family to the community and the effect of example on other families in the neighborhood. It is not realized that the well members of a family may need education and care more than the sick, or that moral prevention and cure is more difficult than physical.

"In Baltimore the district offices of the Instructive Visiting Nurse Association are in the same buildings with the offices of the Charity Organization Society and the Association for the Improvement of the Condition of the Poor, and coöperation is close and cordial, probably

more so than is usual elsewhere. But district nurses usually come to their work when they have not been long out of the training-school. They have had a fine training, they naturally think that they know something, and they are full of the splendid enthusiasm for their work which has so happily been implanted in the nursing profession. They have not, however, had much experience of the world. They have not studied the aims and objects of others who are equally interested in the welfare of the families whom the nurses visit. The result is that they are impatient when workers, who have had longer experience and been forced to take a wider outlook, do not see the situation exactly as they do. When they step outside of their own sphere of professional work, their efforts to relieve often give a setback to efforts being exerted to raise people to a higher standard of living. Difference of opinion also tends to lessen the heartiness of coöperation which is mutually useful to the nurses and to other agencies working for social uplift. A thorough appreciation of what investigation means, that it ought to be sympathetic, far-sighted, taking a broad view of responsibilities and opportunities, that it has only begun when it has found out the primary material needs of a family, seems essential to all classes of work that attempts to raise the standards of life of the poor and to improve conditions, particular and general. If we consider the needy an important part of the community, many of whom can be restored to independence and good citizenship, if we think that poverty is a sore that will spread unless vigorously dealt with, and that material relief, whether in food and clothing or in medical service or other forms, is only a preliminary step towards restoration, should we not make it a point to see that all sorts of schools, and especially those that give training which may be of service to the poor, should give instruction as to the importance of the problems of relief and the methods of solving them?

"Nurses should not be trained to be investigators of need, its causes and its remedies. They will have all they can do to attend to the nursing. But they should be taught to understand what thorough investigation means, its scope and its value, in order that they may realize the importance of trusting those who are specially trained to deal with the general needs of patients and that they may give as much support and sympathy as they can to these trained workers.

"I would like the Committee of the National Conference of Charities on Visiting Nurses to take up the question of education of nurses as to the scope of the problems of relief and the principles applicable to them. Last winter at the Johns Hopkins Hospital Training-School a course of six lectures was given by a woman trained in the organization of charity. This seems a wise move. Settlements, district boards of

charity organization societies, and schools of philanthropy are some other agencies available for education.

"This kind of instruction would also tend to inspire a higher appreciation of district nursing and to encourage more nurses to stay in the work for long periods. Sincerely yours,

"JOHN M. GLENN,

"Department of Charities and Corrections, Baltimore."

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[Miss Dock's letter comes in as we close our pages, and is given here because of its interest and importance.—Ed.]

THE affairs of the English nursing world are in a most astonishing condition. The movement for registration has developed opposition of such an inexplicable character and has brought about so many unexpected developments that it is a good deal like reading a very complicated novel.

The meeting at the Board of Trade to hear arguments against the city financiers' license to incorporate and promote the higher education of nurses brought out an opposition which may be called overwhelming without any exaggeration. It sounds almost ludicrous to hear that against the scheme appeared *thirteen societies*, both of medical men and nurses, and for it *six individual persons*!

The medical men are coming out splendidly in their support of State registration, and at this meeting the representatives of the British Medical Association, the British Gynecological Society, the Midland Medical Society, and the Royal College of Surgeons of Ireland were present in force and condemned the scheme in most explicit terms. The nurses appeared as representatives of the Royal British Nurses' Association, the Society for State Registration, the Matrons' Council, St. Bartholomew's League, the Irish Nurses' Association, the Registered Nurses' Society, and the Metropolitan Infirmary Matrons. The Scottish Committee for Promoting State Registration was represented, and, funniest turn of whimsical fate, Mr. Sydney Holland, representing the Central Hospital Council, was there fighting on the same side with the people whom he usually meets with lance and shield. The defence of the scheme was made by Mr. Cosmo Bonser, one of the financiers, who explained that they had been "approached by trained ladies" and asked to form the company. It thus seems clear that the seven bankers were only being obliging and good-natured and doing what they thought was requested by nurses, in whom they all take the greatest interest. They had no intention of interfering in professional details, but only to run the business

end. Impulsive and ill-considered as their action was, it is quite plain that their motives were the best—in fact, altogether fatherly, and that they were as injudicious as many fathers. It rather seems as if they had been drawn into trouble which they did not deserve.

The worst feature of the whole affair has been that it has been gotten up in the dark. This alone would be enough to condemn it. The proceedings were carried on with the utmost secrecy, and matrons who were approached were spoken to most guardedly and asked not to mention it. If Mrs. Fenwick had not had "second sight" the whole thing would have been sprung without warning, and doubtless many would have joined it who now have been frightened away by the storm. An evidence of this secrecy was that Mr. Bonsor refused to say what matrons had approved the plan, although Mr. Sydney Holland demanded their names as a right to which the public was entitled. The matron of Guy's Hospital, Miss Maule, of *Nursing Notes*, and our Miss Wood were the only ones who appeared for it, and we cannot but think that, however good their intentions may have been, their error of judgment has been great. However, it is not apparent that they originated the plan. The presence of one long and well-known for ambition and mischief-making in English nursing affairs gave the final clue. The plan is killed, for it is certain after this demonstration that no nurses would register with it.

Another result of the registration campaign has been the appearance of a new weekly nursing journal, printed on very poor paper and with cheap-looking cuts, and a degree of mild innocuousness about like that of the woman's page in our Sunday papers. It is published by the Macmillan Co., who are innocent enough to say on the first page that they alone and no one else is behind it! Some slight knowledge of publishers gives this lamb-like remark a most delicious flavor.

This new journal is not going to mention "nursing politics." This is a sort of war-cry now among certain people. What we rightly and justly call vital and important conditions under which, as workers, we have to work, and under which, as human beings, we live and by which we are affected in our whole education and progress are here called "nursing politics." I find the term flippant and discourteous.

It seems to me that the one and only reason for nursing journals is that they shall express the opinions of nurses. I rate literary attainment and even scientific professional articles in importance far below the actual real impression of our sisterhood and its work that we get from our own journals. We do not need sugared pills. If we want the latest discovery in medicine there are splendid medical journals, and if we want the woman's movement there are fine women's journals. What we want in a nursing journal is to hear our members speak; to know what they

are doing; to exchange our thought with theirs; to feel the drawing together.

But as long as money is to be made we will have the lay pabulum in plenty.

The Select Committee is still hearing evidence, and I told them something of the effect of our registration acts, but rather imagine that they look upon us as awful examples and that it did more harm than good.

A year ago they were still asking the same questions that they are asking to-day about what can be done if a registered nurse deteriorates, and if it would not be advisable to register two classes of nurses. Having now been at three sittings, I feel it not unjust to make a criticism that, after one hearing only, would perhaps have seemed uncalled for, and that is, that as a whole they do not compare well with our legislative committees that we have appeared before at home in broad grasp of principles and in quickness of understanding. To this criticism I except the chairman and perhaps three others. The rest spend an inconceivable amount of time in higgling over insignificant details and supposititious difficulties, and do not yet seem to have realized that it is an educational question. Then, at least three of them in their cross-questioning show a spirit of "heckling" such as we have never met at home. I noticed this last year when Miss Amy Hughes and Miss Hobson were examined, to say nothing of the male nurse, who was hectored, and again this year with Mrs. Fenwick, and I am told they did the same with Miss Lückes. My impression at this moment (I hope I am wrong) is that they will not report favorably.

L. L. DOCK.

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[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



## OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

[WITH Miss Thornton's retirement from the position as secretary of the Nurses' Associated Alumnae her connection with this department of the JOURNAL ends. She has left New York City for the summer and contributors will kindly remember to send all reports and announcements to the editor of THE AMERICAN JOURNAL OF NURSING, Rochester, N. Y.]

Such reports and obituary notices have had to be very much condensed in this issue to make space for the convention material.—Ed.]

### STATE MATTERS

CANADA.—The second annual meeting of "The Graduate Nurses' Association of Ontario" was held on Saturday, April 22, in the Theatre of the Normal School, Toronto, the president, Miss Gordon, occupying the chair. The meeting was largely attended and was thoroughly representative, members being present from all parts of the Province, as well as a very large proportion of those resident in Toronto. The constitution and by-laws were finally amended and adopted. The association took the important step of making graduates of all hospitals of any size having a two-years' training (including hospitals for the insane) eligible for membership. The matter was thoroughly discussed, the general impression which prevailed having been that the association had everything to gain by making its standard of membership as broad as possible. The definition of eligibility, which was finally adopted, on motion by Miss Snively, of the Toronto General Hospital, was carried unanimously, and was as follows: "All nurses resident in Ontario, who have graduated from hospitals of any size, also from hospitals for the insane, which give a training of two years or more, shall be eligible for membership. Each application shall be made in writing and signed by two members of the association, and approved by the association at any of its regular meetings." The *Canadian Nurse* is to be the official organ of the Ontario association. During the past year the membership of the association has been doubled. This, of itself, is a matter for congratulation. The officers and executive is a strong one and represents all parts of the Province of Ontario. The officers elected were: President, Miss E. C. Gordon, Kingston; first vice-president, Miss Micklejohn, Ottawa; second vice-president, Miss Wayton, London; corresponding secretary, Miss B. Crosby, 12 Selby Street; recording secretary, Miss K. Mathieson, Isolation Hospital; treasurer, Miss Josephine Hamilton, 481 Church Street. Board of Directors—Miss Snively, Miss Brent, Mrs. Yorke, Toronto; Mrs. Tilley, Kingston; Miss Coleman, Peterborough; Miss Sharpe, Woodstock; Miss Chilman, Stratford; Miss C. H. Greene, Belleville; Miss M. Morton, Collingwood; Convenors of Committees—Press and Publishing, Miss Hodgson, Toronto; Revision of Constitution and By-laws, Miss Julia Stewart, Toronto; Legislation, Miss C. Eastwood, V. O. Nurses.

GRACE A. HODGSON,

Convenor of Press and Publishing Committee,  
82 Bloor Street West, Toronto.

INDIANA.—The Indiana State Nurses' Association held a semi-annual meeting in Fort Wayne on April 20-21. There was a most interesting programme of addresses and papers, with a reception at the Wayne Club by the ladies' committee of Hope Hospital on the evening of the first day and luncheon by the Hope Hospital Alumni on the second day. The next meeting is to be held in Indianapolis in September, Miss Maude McConnell, chairman of arrangements.

NEW JERSEY.—A special meeting of the New Jersey State Nurses' Association will be held at the Newark City Hospital on Tuesday, June 12, at two-thirty P.M. to discuss proposed amendments to the nurses' bill.

M. E. ROCKHILL, Secretary,  
536 Stevens Street, Camden, N. J.

MASSACHUSETTS.—Copies of the by-laws of the Massachusetts State Nurses' Association may be had by applying to

MISS ELIZABETH TINDALE,  
9 Haviland Street, Boston, Mass.

WASHINGTON.—A State association has been organized at Spokane in Washington with Miss Lydia Battelle, of Spokane, as president. A visiting delegate is to be sent to cities throughout the State to perfect the organization.

#### REGULAR MEETINGS

NEW YORK.—St. Vincent's Hospital Alumni, New York, held a large meeting on May 5 to consider the endowment of two beds in the hospital for sick members. Substantial subscriptions were received. The alumni is to have a table at St. Vincent's Hospital Fair to be held in June. Three new members were admitted.

PHILADELPHIA.—The Alumni of Timothy's Hospital, Philadelphia, elected officers on April 6, as follows: President, Miss Katharine Tait; vice-president, Miss Isabel Stephens; secretary, Mrs. Katharine Haight; treasurer, Miss Philippine Wilhelm. Five new members were admitted to the association.

PHILADELPHIA, PA.—The Presbyterian Alumni of Philadelphia held a meeting on May 9. Action on the by-laws was postponed until the June meeting. The society numbers one hundred and twenty-seven. Miss Jennie A. Manly was elected president and Miss Huldah Randall secretary.

RALEIGH, N. C.—At the regular meeting of the Graduate Nurses' Association of Raleigh, N. C., April 7, an interesting lecture was given by Dr. H. A. Royster on the after-care of gynecological operations. The society maintains a benefit fund.

AKRON, O.—The graduates of the City Hospital of Akron, O., organized an alumni association on March 26. President, Miss Mary Bell; secretary, Miss Helen Bennett.

MARRIAGES

ON Easter morning, at Evanston, Ill, Miss Elizabeth Millsbaugh to Dr. Theodore Ebert Sands. After a two-months' trip abroad, Dr. and Mrs. Sands will be at home at 272 Van Buren Street, Battle Creek, Mich. Mrs. Sands, who is a graduate of the Pennsylvania Hospital, Philadelphia, was formerly superintendent of nurses at Nichols Memorial Hospital, Battle Creek.

AT Ottawa, Ont., April 26, 1905, Miss Selina H. Jackson, of the Lady Stanley Institute for Trained Nurses, Class of 1903, to Dr. Julius Klotz, of Lanark, Ont.

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OBITUARY

MISS GRACE MORTON died at Mercy Hospital, Des Moines, Ia., on March 23, after an illness of five weeks, of endocarditis.

Miss Morton was a graduate of the Illinois Training-School, Class of 1895. She was a leader in the organization work of Iowa. The Des Moines Graduate Nurses' Association at a recent meeting passed resolutions upon her death.

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MISS ELIZABETH ELLSWORTH died at Traverse City, Mich., April 26, of pneumonia. Miss Ellsworth was a graduate of the University of Michigan Training-School, Class of 1902. She was to have been married June 5.

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THE Virginia Hospital Alumnae, of Richmond, Va., at a meeting on March 17 learned of the death of Mrs. Fannie B. Humphreys, which occurred at the Home and Retreat at Lynchburg, Va., on December 24, 1904.

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THE Alumnae Association of the Newport Hospital, R. I., announce the sudden death of one of their members, Miss Fannie Ensign.

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THE Alumnae of the Rhode Island Hospital announce the death of Miss Minnie Barlow, Class of 1905, at the hospital on May 7.

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## HOSPITAL AND TRAINING-SCHOOL ITEMS



### TRAINING-SCHOOL NOTES

THE Royal Victoria Hospital, Montreal, graduated a class of sixteen nurses on April 1. A Nurses' Home is to be built through the generosity of Lord Strathcona and Lord Mount Stephen.

THE University of Maryland Training-School, Baltimore, held graduating exercises on May 10, fourteen nurses receiving diplomas.

THE Presbyterian Hospital, New York, graduated a class of twenty-eight nurses on the evening of May 11.

THE Rhode Island Hospital held graduating exercises on the evening of May 25.

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### PERSONAL

MISS EDITH V. D. SMITH, a graduate of the New York City Training-School, has been distinguished by a special favor from her Majesty the German Kaiserin and Queen of Prussia, who through the German Consul has presented to Miss Smith a golden brooch. The brooch is inscribed with the German coat-of-arms in heavy enamel, with a large emerald surrounded by pearls. Accompanying this was also a letter from the German Ambassador. Miss Smith is in charge of the nursing staff at North Brother's Island, New York City, and at the time of the awful Slocum disaster, by quick and decisive instructions to her nurses and her personal bravery, saved many lives from the terrible death which awaited them. It is in view of this fact that so signal an honor has been conferred upon her by her Gracious Majesty.

MISSSES CLARA M. LAY and M. Louise Watkins, New York City Training-School graduates, were among the number of nurses to receive from her Majesty, the German Empress, a diploma for their brave work at the burning of the Slocum off North Brother's Island, June 15, 1904, when they rescued many women and children from certain and terrible death. The diploma is of much interest, bearing, as it does, the portrait and signature of her Majesty surmounted by the German coat-of-arms done in gilt.

MISS SARAH A. BROWN has been appointed superintendent of the Lourdes Hospital, Mass. This hospital tried the experiment of a male superintendent for a year, but upon the resignation of Dr. Drake has again appointed a woman. Miss Brown is a graduate of the Boston City Hospital and has held several executive positions in New England. Miss Lord, of the Boston City Hospital, is her assistant.

MISS ELIZABETH FARRELL, a graduate of the New York City Training-School, Class of 1901, who has had charge of the nurses at the City Home, Blackwell's Island, has resigned from that position to take up "school" work, having received an appointment from the Board of Health, New York City.

Miss HOPKINS, Bellevue, Class of 1886, so long identified with the charity organizations and district nursing of New York City, has left New York to take up her residence at Longmeadow, Mass.

Miss GRACE FRANKLIN, R. N., has accepted the position as superintendent of the New York Medical College and Hospital for Women, which includes the Lesler Memorial Training-School.

Miss LOUISE C. CROMWELL, of the Robert Garret Hospital, has accepted a position in the Bryn-Mawr, Pa., Hospital.

Miss MARY E. THORNTON will spend the summer at Island View Cottage, Belle-Island-on-the-Sound, Conn.

Miss FLORENCE SOUTHWICK, of the Chicago Visiting Nurse Association, will spend the summer in Europe.



## CHANGES IN THE ARMY NURSE CORPS



### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MAY 13, 1905.

BURMAN, CORA A., transferred from the Division Hospital, Manila, to Zamboanga, Mindanao, P. I.

Billiani, Bertha, graduate of the Cincinnati Hospital, 1893, appointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Campin, Mary Louise, transferred from the Division Hospital, Manila, to Camp Keithley (formerly Camp Marahui), Mindanao, P. I.

Cook, Ethel Florence, graduate of the Training-School of the Germantown Dispensary and Hospital, Philadelphia, 1904, appointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Culter, Eva C., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Hammett, Annie M., transferred from the Division Hospital, Manila, to Camp Keithley, Mindanao, P. I.

Howard, Carrie L., returned to the Division Hospital, Manila, from detached duty at Baguio, Benguet, P. I.

Humphrey, Mary, formerly on duty at the Division Hospital, Manila, P. I., discharged.

McCarthy, Julia M., transferred from the Convalescent Hospital, Corregidor Island, P. I., to transport Sherman en route to San Francisco. Reported at the General Hospital, Presidio, and assigned to duty there.

Macdonald, Mary D., recently returned to San Francisco from duty at the Division Hospital, Manila, P. I., discharged.

McHugh, Cecilia, transferred from the Convalescent Hospital, Corregidor Island, to Camp Keithley, Mindanao, P. I.

Parcell, Bertha, transferred from the Division Hospital to Convalescent Hospital, Corregidor Island, P. I.

Robertson, Mary A., graduate of the Boston City Hospital Training-School, 1903, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Soule, Margaret Victoria, graduate of Chicago Polyclinic Hospital, 1899, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Snell, Cora Lucretia, transferred from Camp Keithley, Mindanao, to the Sherman en route to San Francisco and home for discharge at expiration of leave.

Williamson, Anne, transferred from the Division Hospital to Corregidor Island for temporary duty, and then returned to the Division Hospital for regular duty.

Ziegler, Barbara, transferred from the Division Hospital to the Convalescent Hospital, Corregidor Island, P. I.